

Key Focus Area: Make Life Better for Children

Goal: Children can safely remain in their homes, or quickly return to their homes safely.

Measure: Increase the percentage of Family Centered Services (FCS) cases with intact families in which there are no probable cause child abuse or neglect findings during the year while the case is open from 96.7% in SFY-2003 to 97.3% in SFY-2005.

Why is this measure important?

- Whenever possible, children should safely remain with their families. State and federal law requires the division to provide reasonable efforts to prevent out-of-home placement of children and to reunify foster children with their parents as quickly as possible, if their safety can be ensured.

Trend Analysis:

- Over 96% of open Family Centered Services cases with intact families have been without a probable cause child abuse or neglect finding in the past few years.

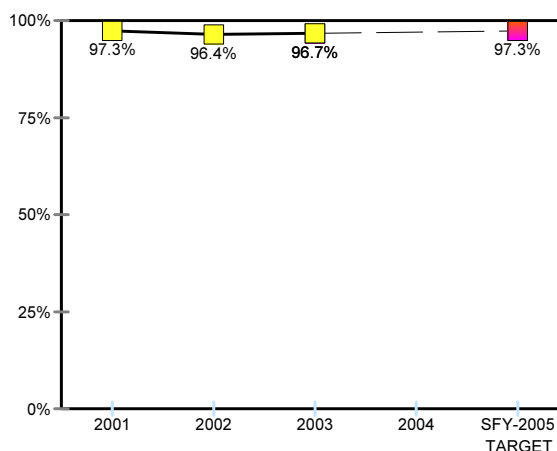
Factors Influencing the Measure:

- Intensive in-home services and family reunion services are tied to resources
- Some family situations, such as drug use by the parents, may require more time to successfully address and may extend reunification efforts over the one year target
- Timely court hearings are essential for quick reunification
- Caseloads and staffing directly influence the amount of time that Family Centered Services staff can spend with families
- Consistent implementation of the Family Support Team process throughout the state

How Missouri Compares to Surrounding States:

- Comparable data is not available from surrounding states.

Percent of Family Centered Services Cases With Intact Families With No Probable Child Abuse or Neglect During the Year While Case is Open



Strategies:

- When possible, implement the principles of the Community Partnerships for the Protection of Children approach to engage community partners to assist with families with multiple reports.
- Enhance the Family Support Team process including replicating the principles of the Casey Family to Family project.
- Expand Intensive In-Home services and Family Reunion services for increased family preservation efforts.
- Achieve accreditation from Council on Accreditation in pilot areas to increase quality and quantity of service delivery by allowing ample staff and supports to better implement policies and best practice standards.

Key Focus Area: Make Life Better for Children

Goal: Children can safely remain in their homes or quickly return to their homes safely.

Measure: Increase the percentage of children who return home safely from foster care to their parents within 12 months from 67.8% in SFY-2003 to 76.2% in SFY-2005.

Why is this measure important?

- Whenever possible, children should remain safely with their families. State and federal law requires the division to provide reasonable efforts to prevent out-of-home placement of children and to reunify foster children with their parents as quickly as possible, if their safety can be ensured.

Trend Analysis:

- Missouri's reunification rate within 12 months has declined over the past several years. In SFY-2003 the state was 8.4% below its SFY-2005 target.

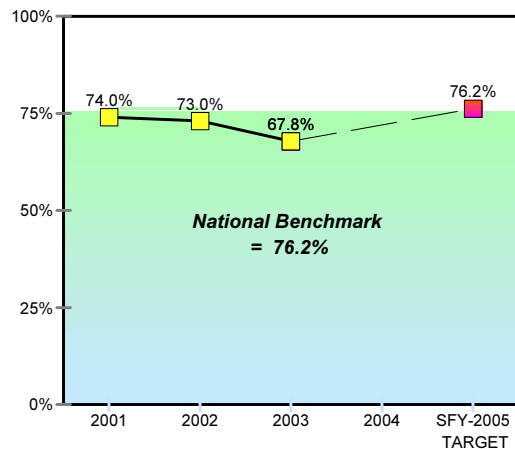
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How Missouri Compares to Surrounding States:

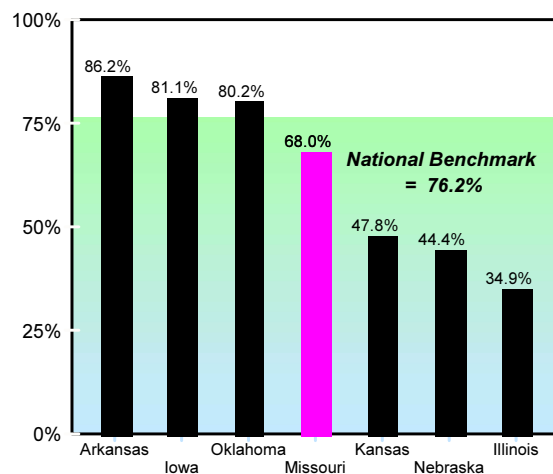
- Missouri ranks in the middle of surrounding states when comparing the time to reunify children with their families in less than 12 months.

Foster Care Children Who Returned Home Safely to Their Parents Within 12 Months*



*Missouri defines its foster care population as children in legal custody of the Children's Division placed in alternative care. The federal definition includes the above children, but also children in the custody of other state agencies, children in temporary custody of adoptive families and children for whom we have supervision only.

Time to Reunification Less Than 12 Months FFY-2000**



**Most recent national data available.

Strategies:

- When possible, implement the principles of the Community Partnerships for the Protection of Children approach to engage community partners to assist with families with multiple reports.
- Enhance the Family Support Team process including replicating the principles of the Casey Family to Family project.
- Expand Intensive In-Home services and Family Reunion services for increased family preservation efforts.
- Achieve accreditation from Council on Accreditation in pilot areas to increase quality and quantity of service delivery by allowing ample staff and supports to better implement policies and best practice standards.
- Learn from states who have achieved the federal benchmark.

Key Focus Area: Make Life Better for Children

Goal: Incidents of child abuse and neglect in families are not repeated

Measure: Maintain the percentage of children that do not have repeat child abuse and neglect at 94.1% in SFY-2005.

Why is this measure important?

- It has been estimated that child abuse and neglect costs \$94.1 billion a year nationally in direct and indirect costs. In Missouri we have estimated these costs to be approximately \$1.0 billion annually.
- Children who have been victims of child abuse and neglect are twice as likely to experience a recurrence when compared to children without a prior history of abuse and neglect.

Trend Analysis:

- The percent of children without recurrence of abuse or neglect has increased 0.9% since SFY-2001.

Factors Influencing the Measure:

- Staffing
- Caseloads per staff
- Structured decision making
- Protocol for hotline calls

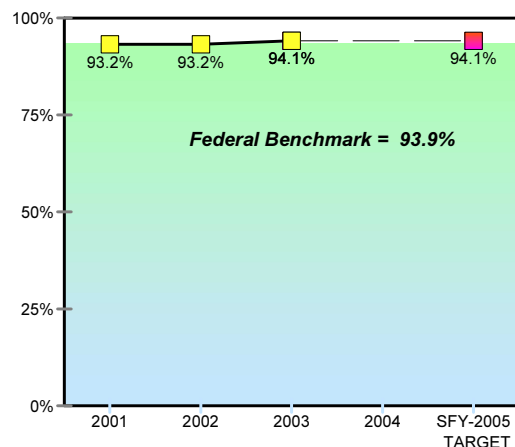
How Missouri Compares to Surrounding States:

- In 2001** Missouri had the second lowest rate of children without a recurrence of abuse and neglect when compared to surrounding states.

Strategies:

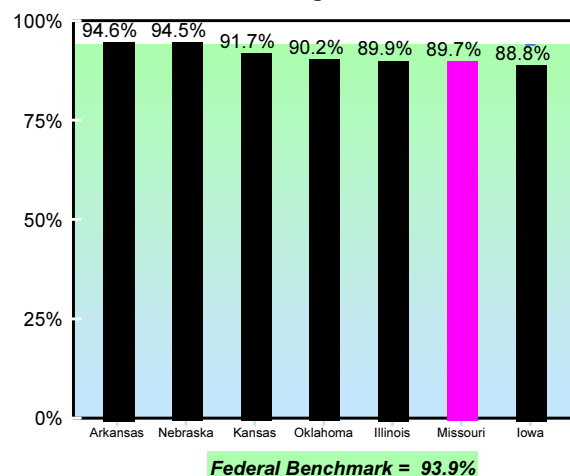
- Use Structured Decision Making to identify risk and base case contacts and interventions on the identified risk.
- Target chronic cases with special supports and court assistance to reduce the probability for future reports.
- Achieve accreditation from the Council on Accreditation (COA) in pilot areas to allow ample staff and increase resources to better provide families with services and support.

Percent of Children Without Recurrence of Child Abuse/Neglect Within 6 Months*



*Missouri calculates this number for all children with probable abuse/neglect, while the federal number is calculated using only those children who have a probable cause abuse/neglect within the first 6 months of the calendar year.

Percentage of Children Without Child Abuse/Neglect Recurrence Within 6 Months in Surrounding States in 2001**



**Data is from January through June 2001. This is the most recent national data available.

Key Focus Area: Make Life Better for Children

Goal: Incidents of child abuse and neglect in families are not repeated

Measure: Develop protocols for classification of child abuse and neglect hotline calls increasing appropriate classifications from 97.8% in SFY-2003 to 98.8% in SFY-2005.

Why is this measure important?

- Missouri's child abuse and neglect hotline received 105,875 calls about concerns of children's safety in calendar year 2002. In SFY-2003, nearly 20,000 additional calls were received than in 1994. These calls trigger the involvement or re-involvement of children and families with the public welfare system.

Accurate call classification screens children who potentially need protection from abuse and neglect and/or services to keep them safe. Accurate classification also determines the appropriate deployment of staff in field offices.

Trend Analysis:

- Sufficient historical data is not available to project a trend.

Factors Influencing the Measure:

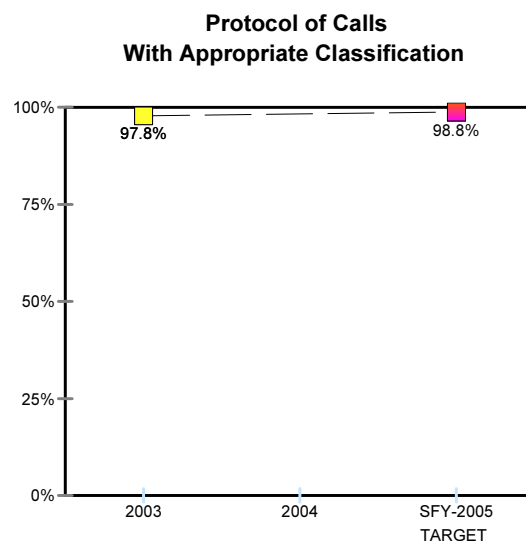
- Staffing
- Timely review of calls

How Missouri Compares to Surrounding States:

- Comparable data is not available for surrounding states.

Strategies:

- Implementation of additional tools that will help calls be classified correctly:
 - Structured decision making concepts
 - Quality assurance practices
 - Peer coaching
 - Automated protocols



Key Focus Area: Make Life Better for Children

Goal: Incidents of child abuse and neglect in families are not repeated

Measure: Increase the number of participants in Missouri receiving joint training for law enforcement and Department of Social Services child abuse and neglect responders from 2,130 in SFY-2003 to 3,500 in SFY-2005.

Why is this measure important?

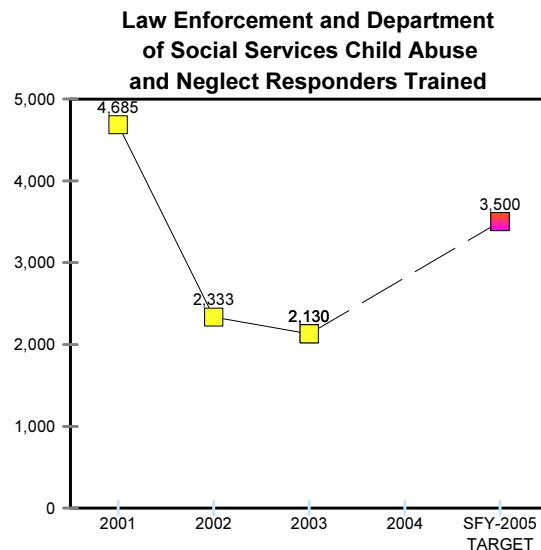
- Child protection is the responsibility of various state and local agencies, each having their own policies and procedures for how they respond to child abuse and neglect. The most effective approach to child protection is the multi-disciplinary approach, each agency working together to effectively and efficiently achieve the same goal of protecting Missouri's children. Also, multi-disciplinary co-investigations are mandated by statute. Joint training of the various child abuse and neglect responders creates networking opportunities that aid in improved communications between agencies. Through training specifically designed to include the various realms of responsibility for each agency, each responder can learn what other agencies can and/or cannot do and how they can work best together to successfully protect children from child abuse and neglect.

Trend Analysis:

- Prior to SFY-2002 the department had a dedicated training coordinator. The trend of participants has been declining since 2001.

Factors Influencing the Measure:

- POST-certified training requirements for law enforcement
- Department training requirements for Children's Services workers
- Availability, proximity and scheduling issues of training
- Types of training, i.e., investigative skill, service provision and prevention



How Missouri Compares to Surrounding States:

- Comparable data on joint training is not available from surrounding states.

Strategies:

- As all child abuse and neglect is technically a crime, encourage communication between law enforcement agencies, Children's Services and other child protection agencies at the local and state levels.
- Identify and assess needs, available resources and methods for delivery of training.
- Develop consistent lesson plans dealing with child protection issues and how to convert training to policy and practice.
- Implement teaching strategies to address individual learning styles and assure instruction is relevant and meaningful.

- Work with POST-approved training academies to present child protection training that will meet law enforcement certification requirements and comply with Children's Services training needs.
- Participate in presenting "Finding Words" training for local multi-disciplinary investigative teams. A Division of Legal Services, State Technical Assistance Team investigator is on the Finding Words faculty.
- Present training on investigation, awareness and prevention of computerized child exploitation.
- Work with other agencies in the child protection community to increase awareness of national, state and local services and prevention resources.
- Promote appropriate prosecution as an important deterrent to child abuse and neglect. Convicted abusers on probation are more likely to complete services and treatment mandated by the court.
- Promote partnerships between child protection agencies at the local and state levels.
- Educate new employees in the basics of recognizing child abuse and neglect, prevention strategies and availability of services at both the local and state level and investigative response.
- Develop policy in collaboration with the law enforcement community to train in identification and response to domestic violence, which has a direct correlation to child abuse and neglect.
- Increase the number of professionals trained in child abuse and neglect issues by SFY-2005.
- Evaluate annually the effectiveness of training programs/presentations.

Key Focus Area: Make Life Better for Children

Goal: Incidents of child abuse and neglect in families are not repeated

Measure: Reduce the incidence of child abuse and neglect in foster care from .44% in SFY-2003 to .40% in SFY-2005.

Why is this measure important?

- Foster care provides safe temporary care for children who for safety reasons have been removed from their families. In 1997 the federal government passed the Adoption and Safe Families Act. This act heightened the importance of the safety, permanency and well being of children in the child welfare system including foster care. It is imperative that states ensure the safety of children while they are in their care and custody.

Trend Analysis:

- Missouri has seen a decline in the percent of children abused or neglected while in foster care from .76% in SFY-2001 to .44% in SFY-2003.

Factors Influencing the Measure:

- Missouri's pre-service training for foster parents (STARS training) is a 27-hour, competency-based course that is part of an extensive assessment process. Once approved, foster parents receive additional in-service training to build on their skills.

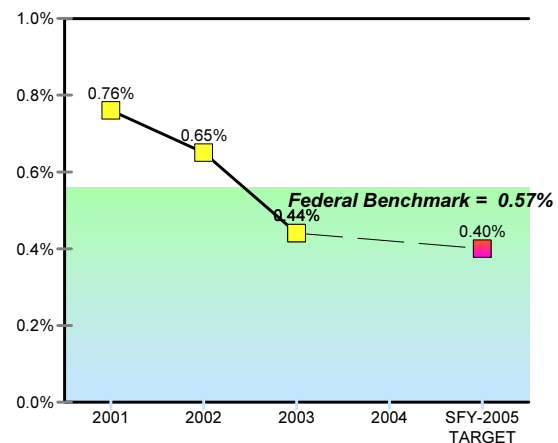
How Missouri Compares to Surrounding States:

- In FFY-2001, Missouri was in the middle of surrounding states when comparing child abuse and neglect in foster care.

Strategies:

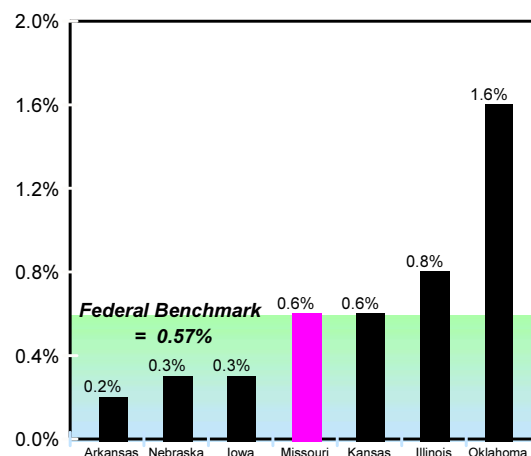
- Enhance criminal background screenings to include both state and Federal Bureau of Investigation (FBI) fingerprinting.
- Utilize the Family Care Safety Registry to help screen applicants.
- Utilize CASNET and/or Circuit Clerks to help screen applicants.
- Further train the Safety in Out-of-Home Care curricula and implement its tenets to assess risk and safety.
- Achieve accreditation from the Council on Accreditation (COA) in pilot counties to allow ample staff and increase resources.
- Better utilize Family Support Team meetings.

Percent of Children Abused/Neglected While in Foster Care*



*Missouri defines its foster care population as children in legal custody of the Children's Division placed in alternative care. The federal definition includes the above children, but also children in the custody of other state agencies, children in temporary custody of adoptive families and children for whom we have supervision only.

Occurrence of Abuse/Neglect in Foster Care in FFY-2001**



**This is the most recent national data available.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Reduce the recidivism rate for children in the Children's Division custody from 11.5% in SFY-2003 to 10% in SFY-2005.

Why is this measure important?

- Children are placed in the custody of the Children's Division by the courts. Permanency in a safe and secure environment is paramount for the child. This measure assesses how well state intervention – during and after placement – worked.

Trend Analysis:

- Recidivism rate has fluctuated between 10.6% and 12.1% from SFY-2001 to SFY-2003.

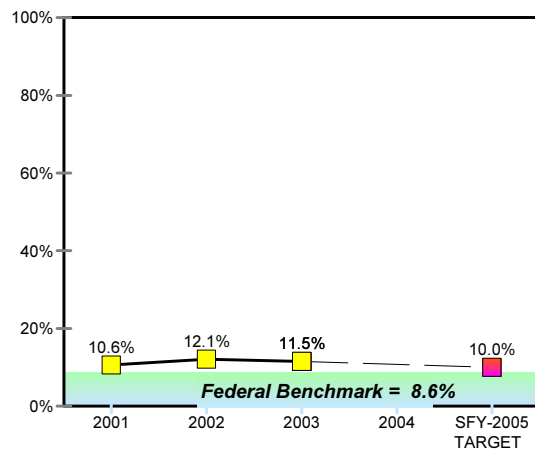
Factors Influencing the Measure:

- Staffing
- Caseload size
- Reduction in Children's Treatment Services funding
- Court reluctance to keep children in the home if the child previously had been removed and is still experiencing problems

How Missouri Compares with Surrounding States:

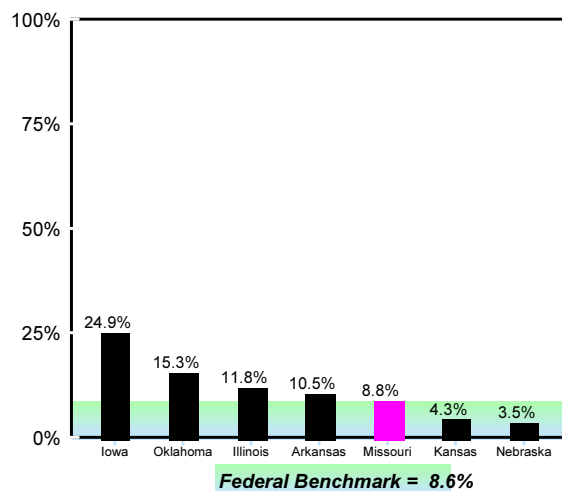
- In FFY-2000 among surrounding states, Missouri had the third lowest percentage of children re-entering foster care within 12 months.

Re-Entry Into Foster Care Within 12 Months*



*Missouri defines its foster care population as children in legal custody of the Children's Division placed in alternative care. The federal definition includes the above children, but also children in the custody of other state agencies, children in temporary custody of adoptive families and children for whom we have supervision only.

Re-Entry Into Foster Care Within 12 Months for Surrounding States FFY-2000**



**This is the most recent national data available. The federal measure includes children in LS-1 status through LS-4 status while the top graph includes LS-1 status only.

Strategies:

- Involve family in determining services needed upon return home, as well as during discharge planning.
- Improve use and conduct of Family Support Team meetings to be used upon placement back home and prior to any re-entry, when possible.
- Develop community partners to assist in providing services to children when returning home to their families.
- Expand the Community Partnership for Protection of Children Initiative.
- Examine recidivism rate per region and circuit and by placement types and ages of children. This will allow the agency to focus on key areas of need and develop strategies specific to the individual need or specific to the region of the state.
- Cross-training with Juvenile Court staff.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Decrease the median length of stay for children in alternative care from 15.4 months in SFY-2003 to 14.5 months in SFY-2005.

Why is this measure important?

- Through the Adoption and Safe Families Act of 1997 moving children in foster care to safe and permanent homes is a priority. This indicator measures how long children are in the care and custody of the Children's Division. The longer a child is in care and custody the more chance of multiple moves and less likelihood of permanency for the child.

Trend Analysis:

- The length of stay has increased from 14.1 months in 2001 to 15.4 months in 2003. This represents a 9.2% increase.

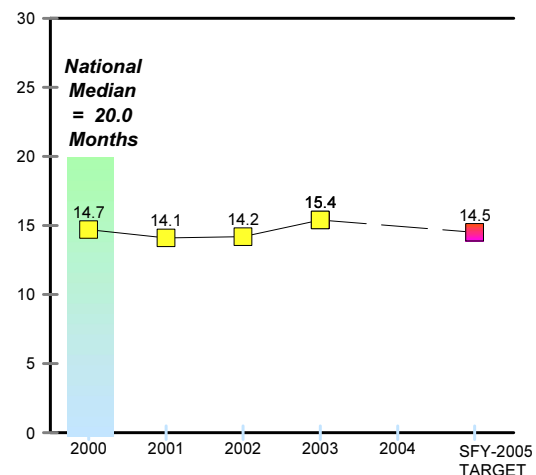
Factors Influencing the measure:

- Birth parents progress through use of services
- Availability of relatives to care for the child
- Court activity and findings
- Staffing
- Implementation of a consistent Family Support Team process throughout the state
- Availability of additional services for relatives and kin to support placements
- Timely judicial hearings to assure permanency for all children in out-of-home care.

How Missouri Compares to Surrounding States:

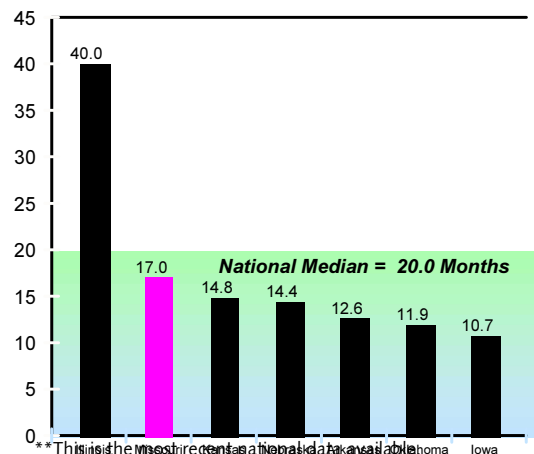
- In FFY-2000 among surrounding states Missouri, at 17 months, had the second highest median length of stay while in foster care. This placed Missouri below the national median of 20 months.

**Median Length of Stay
in Foster Care***



*Missouri defines its foster care population as children in legal custody of the Children's Division placed in alternative care. The federal definition includes the above children, but also children in the custody of other state agencies, children in temporary custody of adoptive families and children for whom we have supervision only.

**Median Length of Stay
in Foster Care in FFY-2000****



**This is the most recent national data available

Strategies:

- Implement a diligent search pilot for relative and kinship placement resources.
- Enhance the Family Support Team process including replicating the principles of the Casey Family to Family project.
- Achieve accreditation caseloads to support placement providers for children – foster care, relative, kin and adoption.
- Examine the length of stay per region and circuit, as well as by age and placement type, and determine what specific strategies can be employed to address specific concerns.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Increase the percentage of children in Children's Division custody with kinship/relative placements from 23.9% in SFY-2003 to 28.0% in SFY-2005.

Why is this measure important?

- Family and kinship placement help to preserve family bonds, reduce the trauma of removal and preserve the child's cultural identity and heritage.

Trend Analysis:

- The percent of children in relative placement has dropped from 24.2% in 2000 to 23.9% in 2003. States are striving to be above the federal average of 24.1%. In SFY-2000 Missouri was slightly above the federal average.

Factors Influencing the Measure:

- Data on kinship placement
- Participation by Family Support Team members, including juvenile court representatives
- Early identification of relatives and other kinship resources

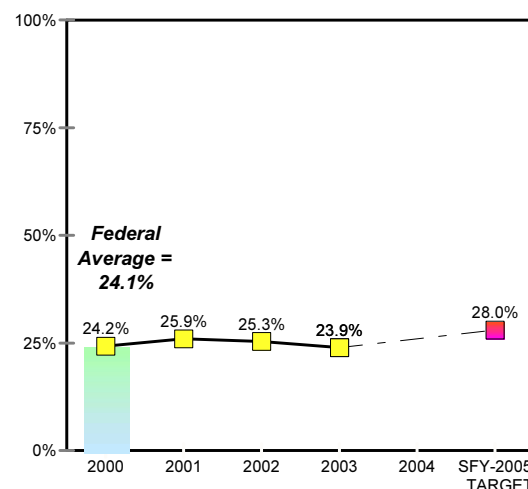
How Missouri Compares to Surrounding States:

- Among surrounding states' performances, Missouri ranks third highest in out-of-home placements with relatives.

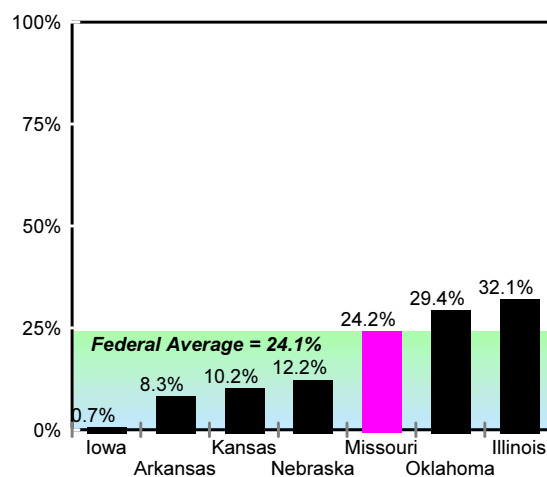
Strategies:

- Examine current policy, procedures and financing issues and eliminate any barriers to relative and kinship care.
- Explore practices in other states that increase relative and kinship utilization.
- Explore federal funding options, such as a Title IV-E waiver or Title IV-E block grant.
- Replicate, if successful, the principles of the Casey Family to Family project, including Team Decision-Making.
- Implement an up-front "diligent search" pilot, on a short-term basis in an urban area.

Children in Children's Division Custody With Kinship/Relative Placements



Percent of Out-of-Home Placements With a Relative in FFY-2000*



*This is the most recent national data available.

- Standardize data entry on kinship placements within the Adoption and Foster Care Analysis and Reporting System (AFCARS).
- Identify service needs to support relative and kinship placement providers.
- Provide more specific services and training to kinship and relative placements to meet specific medical or behavioral needs of the child.
- Enhance the Family Support Team process.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Decrease the number of moves for children in alternative care from 3.2 moves in SFY-2003 to 3.0 moves in SFY-2005.

Why is this measure important?

- Removal from their homes by the courts is a traumatic experience for children. In the best interest of the child, placement with one foster family during their foster care stay is preferable. Placement with one foster family provides a child with stability.

Trend Analysis:

- The number of moves a child has while in alternative care has remained relatively flat over the last six years.

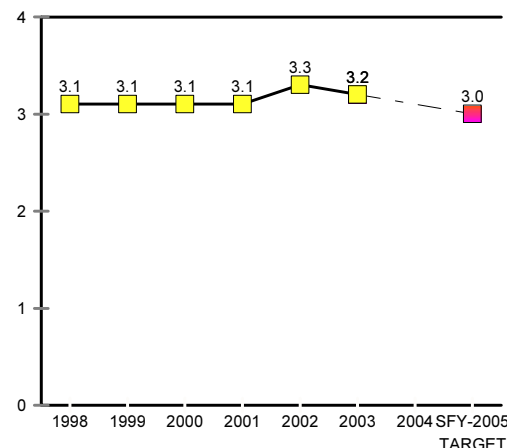
Factors Influencing the Measure:

- Age of the child
- Child's emotional or behavioral needs and supports available for foster/relative homes
- Number of placement providers to meet the child's specific needs
- Lack of effective support services for caregivers
- Agency staff's ability able to match the child's specific needs and placement providers' abilities/strengths at the time of initial placement

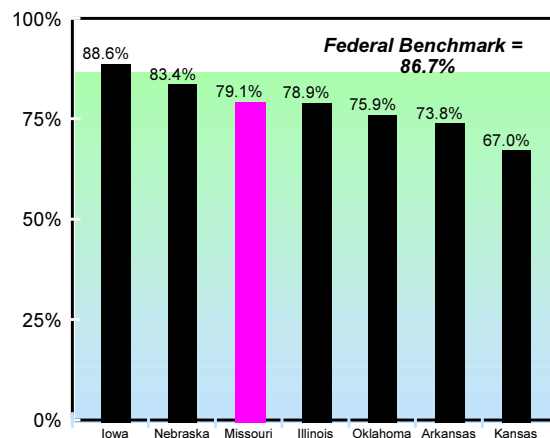
How Missouri Compares with Surrounding States:

- Among surrounding states, in FFY-2000 Missouri had the third highest rate of children with two or fewer placements while in foster care. States are striving to be above the federal benchmark of 86.7%. In FFY-2000 Missouri was 7.6% below this benchmark.

Average Number of Moves While in Alternative Care



Percent of Children With Two or Fewer Placements Within 12 Months FFY-2000*



*This is the most recent national data available.

Strategies:

- Front load assessment services in the first 30 days, and provide intensive wraparound services to foster, relative/kinship and birth parents.
- Increase therapeutic placement resources to meet child's behavioral needs – shift residential funding to support therapeutic homes for children, particularly children age 11 and under.
- Expand Community Partnership for Protection of Children initiative. This will empower the community to recruit and share in the development and support of resource family homes.
- Provide relative and kinship families the same training and support services as other foster parents.
- Replicate the principles of the Casey Family to Family project by using the Family Support Team process prior to moving a youth.
- Improve coordination between Department of Mental Health and Department of Social Services for additional supports to the youth in care and their foster care providers.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

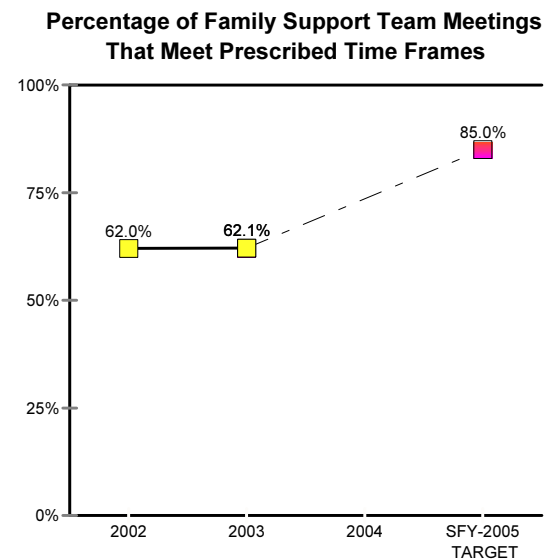
Measure: Increase the percentage of family support team meetings that meet prescribed time frames from 62.1 % in SFY-2003 to 85% in SFY-2005.

Why is this measure important?

- Efforts to engage the family and other key team members early in the process is critical in assuring that the child's and family's needs are met as it relates to removal of the child from the home. The Family Support Team process and the time frames are considered best practice for working toward permanency for the child, with the emphasis being on reunification when safety issues are addressed.

Trend Analysis:

- In December of 2001, a Family Support Team survey was sent to approximately 600 staff including Children's Service Workers, Supervisors, Social Work Specialists and County Directors. With an approximate 50% return rate, the trends indicated:
 - Meetings predominately initiated by the agency staff and rarely the family.
 - Meetings were not always family-centered in nature.
 - The family is typically invited to attend the meetings and they do so on a regular basis.
 - Majority of Family Support Team meetings occur at the agency's office and during regular business hours.
 - Lack of documented case plans developed at the meetings.
 - Lack of documentation of the team meeting itself.
 - Lack of participation by Juvenile Office, attorneys, other professionals and placement providers.



Factors Influencing the Measure:

- Consistent documentation of the team meeting into the system
- Participation of key team members at the meeting
- Staff resources to maintain the time frames established in policy

How Missouri Compares to Surrounding States:

- Comparable data on surrounding states is not available.

Strategies:

- Enhancements to the automated system to better track, remind and provide written notices of Family Support Team meetings.
- Timely notification of parties to ensure better attendance.
- Training of court and Children's Division staff on the use and importance of Family Support Team meetings.
- Explore the use of outside facilitators to orchestrate Family Support Team in an impartial and professional manner and seek funding through a new discussion item for the above.
- Replicate, where possible, the Family Group Conferences tenets of the Casey Family to Family program.
- Achieve accreditation from the Council on Accreditation (COA) in pilot areas to allow ample staff to better implement policy requirements.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Maintain a standard of excellence by holding the recommitment rate for children in the Division of Youth Services to less than 10%.

Why is this measure important?

- The Division of Youth Services (DYS) is the recipient of federal grant initiatives that are designed to increase the likelihood of serious and violent offenders making a successful transition to the community after receiving residential services. At the heart of this effort is to better prepare youth to enter the workforce and/or successfully transition to a program of continuing education or training. It has been long held that educated and productively involved offenders are less likely to re-offend. As the division successfully impacts productive involvement during aftercare, the expectation is the number of youth recommitted to the care and custody of the division will decline.

This initiative focuses greater attention to providing youth with meaningful work experiences and training while in the care and custody of the division. These efforts are followed by structured community supervision and services designed to better enable the youth to retain work, increase income potential and complete education and training. Additionally, the initiative focuses on establishing sustainable programs and links with service providers who can continue monitoring and services (such as mental health and substance abuse counseling) beyond the youth's discharge from DYS.

Trend Analysis:

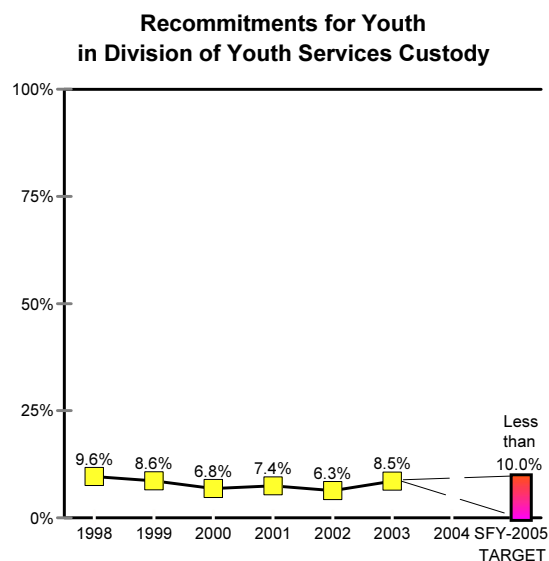
- The trend analysis shows a decrease in recommitments until 2003 when they increased from 6.3% to 8.5%.

Factors Influencing the Measure:

- Unemployment rates and the job market for low skilled workers
- Philosophical shifts in sentencing and offender accountability
- Changes in the caseloads of case managers and social service aides

How Missouri Compares to Surrounding States:

- Research has found that the failure rate of youth of the Missouri Division of Youth Services is one-half to two-thirds below that of most other states, as measured by youth violating parole or recommitted to DYS within three years of release. (American Youth Policy Forum)



Strategies:

- Individual treatment plans will include strategies specific to the youth's committing offense and presenting problems.
- Supervisors reviewing individual treatment plans will assure the plan includes family reintegration and community transition planning.
- As appropriate, the division will identify service providers willing to continue services to the youth after he/she completes DYS aftercare expectations. The youth will be linked to those providers prior to discharge.
- Each youth recommitted to the division will undergo an administrative review of the youth's earlier treatment and services and the continuing problems that led to recommitment.
- Administration will compile information from the above-mentioned administrative reviews to assess needed programmatic changes and implement strategies accordingly.
- The service coordinator will assure each goal and objective of the youth's Individual Treatment Plan is achieved, as reflected in the discharge summaries.
- The service coordinator will assure youth are productively involved in school or work while in aftercare, as reflected in the discharge summaries.
- The service coordinator will assure the youth is provided continued access to family therapy, drug and alcohol counseling, abuse survivor support, sexual offender therapy, mental health services and individual counseling, etc., while in aftercare as reflected by administrative reviews.
- The service coordinator supervisors will increase service coordinators' involvement/supervision/monitoring aftercare activities with youth and families.
- The regional administrator will work with the courts to increase involvement of DYS aftercare youth in Juvenile Court Diversion projects as reported during monitoring visits and annual reports.
- Service coordinators, working with facility managers, will link youth to needed services provided by other state departments and entities before release as reflected on discharge summaries.
- The division's administration will explore the feasibility of providing "day treatment" services during the afternoon and evening when the risks for re-offending are greatest.
- The division's administration (at all levels) will utilize and monitor minimum length of stay requirements for severe, high risk, moderate risk and low risk offenders. Ensure placement exceptions are utilized appropriately based on the identified individual needs of the youth.
- The division's administration will complete an analysis of the division's service delivery system to facilitate improving and meeting the needs of youth committed.
- The service coordinator supervisors will develop, implement and monitor caseload standards of service coordinators.
- The service coordinator supervisor will maintain service coordinator caseloads that do not exceed an average of 20 youth per service coordinator.
- The division's administration will develop an implementation plan to provide transitional living option for eligible youth.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Maintain a standard of excellence by continuing an 85% or greater rate of successful discharges from the Division of Youth Services.

Why is this measure important?

- The Division of Youth Services (DYS) is the recipient of federal grant initiatives that are designed to increase the likelihood of serious and violent offenders making a successful transition to the community after receiving residential services. At the heart of this effort is to better prepare youth to enter the workforce and/or successfully transition to a program of continuing education or training. It has been long held that educated and productively involved offenders are less likely to re-offend. As the division successfully impacts productive involvement during aftercare, the expectation is the number of youth recommitted to the care and custody of the division will decline.

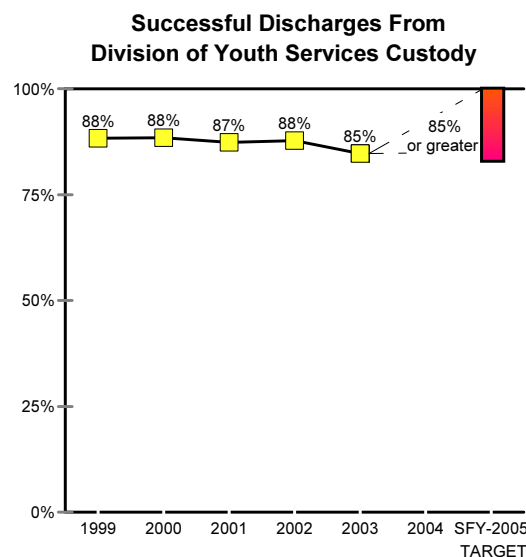
This initiative focuses greater attention to providing youth with meaningful work experiences and training while in the care and custody of the division. These efforts are followed by structured community supervision and services designed to better enable the youth to retain work, increase income potential and complete education and training. Additionally, the initiative focuses on establishing sustainable programs and links with service providers who can continue monitoring and services (such as mental health and substance abuse counseling) beyond the youth's discharge from DYS.

Trend Analysis:

- The trend analysis shows a drop in the percentage of youth being successfully discharged from DYS.

Factors Influencing the Measure:

- Unemployment rates and the job market for low skilled workers
- Changes in the caseloads of case managers and social service aides



How Missouri Compares to Surrounding States:

- Comparable data on successful discharge is not available for surrounding states.

Strategies:

- Service coordinators will be surveyed to identify reoccurring youth needs. Resources and/or practices will be developed to address the areas of greatest need.
- Sanction and revocation options will be reviewed to identify therapeutic interventions to be broadened within the community.
- Criteria for "successful discharge" will include the youth being actively involved in continuing education or training and/or productive employment. Exceptions will be reviewed by the administration.

- Criteria for “successful discharge” will include a description of the services that will continue to be provided by other entities. Exceptions will be reviewed by the administration.
- Length of aftercare guidelines will be reviewed to determine correlations between successful discharges and recommitment data.
- Under the guidance and direction of service coordinator supervisors, the division will enhance roles and expectations of Social Service Aides in helping youth to reconnect with the community positively (i.e., family, school, work, recreation).
- The service coordinator, working in conjunction with the facility manager, will assure each goal and objective of the youth’s Individual Treatment Plan is achieved.
- The division’s administration will implement a requirement that youth be “productively involved” before granting successful discharge status.
- The service coordinator supervisor will review that the prescribed service units for counseling and therapy are completed before granting successful discharge status.
- The service coordinator supervisor will review that the linkages between youth and needed continuation services provided by other departments and providers are complete before successful discharge status is granted.
- Using grant funding, the division’s administration expects to provide for increased numbers of youth to become enrolled in continued education/training and receive living allowances while in training.
- The division’s administration will enhance the role and expectations of Service Coordinators in assessing, monitoring and brokering treatment services for youth, which includes maximizing available community resources.
- The service coordinator, with the facility manager, will work to assure youth with restitution orders are provided means to make restitution payments or perform community service prior to their discharge from the division.
- The service coordinator, with the facility manager, will work to assure that identified treatment needs of youth are reviewed and modified as needed to meet the present and future needs of youth.
- The service coordinator maintains or increases youth participation in community-based services that are provided by the division during community care and aftercare (i.e., day treatment, family therapy, intensive case monitoring and drug and alcohol counseling).
- The service coordinator supervisor evaluates and ensures that service coordinator caseloads do not exceed an average of 20 youth per service coordinator.
- The service coordinator, with the regional psychologist and regional administrator, will identify and obtain appropriate services for youth identified with severe mental health difficulties.
- The division’s administration will complete an analysis of the division’s service delivery system to facilitate in improving and meeting the needs of youth committed to the division.
- The service coordinator supervisor, regional administrator and division’s administration will develop, implement and monitor caseload standards for service coordinators.
- Service coordinators, service coordinator supervisors, regional administrators and division administration will identify, develop and/or obtain additional resources necessary to provide effective treatment services to female youth.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Maintain the percentage of at-risk youth served in Juvenile Court Diversion who are diverted from commitment to Division of Youth Services at 87% *.

Why is this measure important?

- The division believes that locally designed prevention efforts serve to divert youth from commitment to the Division of Youth Services (DYS). Through Juvenile Court Diversion (JCD), the division provides local juvenile courts with the resources needed to create specific services or solutions to problems unique to their communities. The intent is to divert less serious offenders from DYS commitment, allowing the local courts to work with youth and families at the local level and at less cost to the taxpayer.

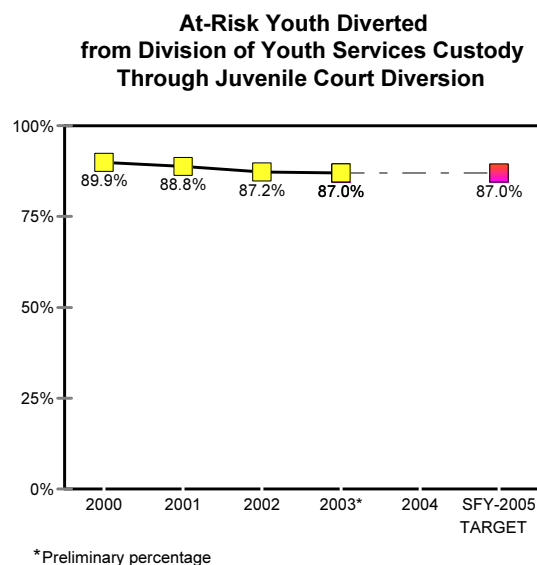
As fewer resources are made available to the juvenile courts, priority is placed on programs focusing on the needs of the youth presenting the greatest risk to public safety. Success in diverting youth from DYS commitment diminishes as the level of risk increases.

Trend Analysis:

- The trend analysis shows a drop in percentage of youth being diverted from DYS.
- Beginning in FY-2000, the definition of "at-risk" youth narrowed to more accurately describe the youth who could realistically be counted as diversions.

Factors Influencing the Measure:

- Funding available for the JCD program
- Philosophical shifts in commitment and sentencing decisions
- Changes in availability of alternative resources and service providers



How Missouri Compares to Surrounding States:

- Comparable data for JCD programs is not available for surrounding states.

Strategies:

- Provide funding to encourage local courts to develop additional local projects.
- Initiate information meeting with courts to identify project priorities and target population.
- Maintain provision of technical assistance to the courts to implement components related to JCD project.
- Monitor JCD programs closely so as to continue appropriate emphasis.

Key Focus Area: Make Life Better for Children

Goal: Expedited permanency and stability for children in Department of Social Services custody

Measure: Maintain staffing levels for children's services workers at 74.8% of need in SFY-2005.

Why is this measure important?

- The Council on Accreditation (COA) is a nationally recognized accreditation organization to promote best practice standards throughout the field of child welfare. COA has established caseload standards based on best practice standards to achieve good outcomes for children and families. The above figure (measure) is a percentage of the COA accreditation standard.

Trend Analysis:

- Caseload staffing percentages, per COA accreditation standards, have fallen in the past several years.

Factors Influencing the Measure:

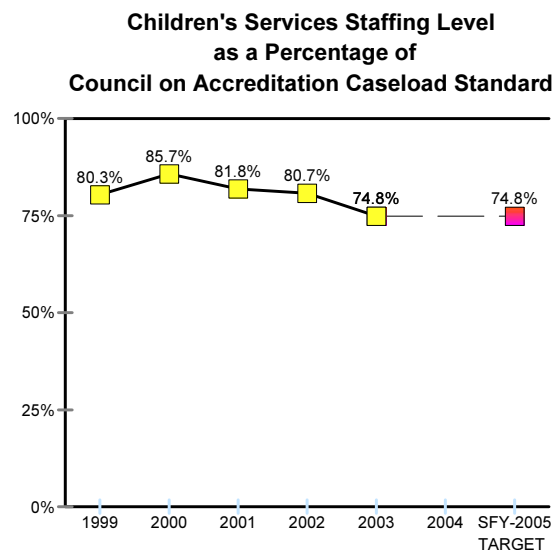
- Like many states Missouri has experienced difficult financial times recently, resulting in the need to reduce staffing levels. Reduced staffing levels result in high caseloads and make it more difficult to expedite permanency and achieve stability.

How Missouri Compares to Surrounding States:

- In Illinois, in an effort to reduce the growing number of children in care, millions of dollars are allocated to hire additional child welfare staff to reduce caseloads to meet COA standards. In addition, private agencies, which are contracted to provide services for children in foster and relative homes, must have internal quality assurance plans based on COA standards.
- In Kansas, foster care, adoption and family preservation services are primarily provided through contracted agencies in the state of Kansas. The agencies contracted to perform child welfare functions are required to be nationally accredited. Three of the five agencies have COA accreditation, while the other two are accredited by another nationally recognized organization.

Strategies:

- The Department of Social Services will continue to seek additional staff through the budget process moving toward Council on Accreditation caseload standards.
- Explore performance-based contracting for child welfare staff functions.
- Create safety protocols to determine if cases need to stay open.



Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Increase the percentage of registered providers completing basic child care orientation training from 0% in SFY-2003 to 3% in SFY-2005.

Why is this measure important?

- It is a generally accepted premise that education is an important key to self-sufficiency and a better life. Along with the nation, Missouri continues to grapple with how to achieve good educational outcomes for all children. Brain development research tells us that more learning occurs from age 0-5 than any other developmental period. Research also shows that deficits presented at school entry are not easily, and sometimes never, overcome. In fact, the gap between those well prepared for kindergarten and those facing challenges typically widens with time. Breaking the cycle of poverty and failure is no easy task, but high quality early educational experiences hold great potential for doing so. Both in-home and out-of-home experiences are needful for children to develop their full potential and arrive at school ready to succeed.

High quality early care and education has been shown to improve outcomes for young children, increase their social, emotional and cognitive preparedness and even increase intellectual capacity. Investing in young children can save Missouri millions of dollars in special education, rehabilitation and incarceration costs and can contribute to stronger communities and a stronger economy through a better prepared and higher functioning workforce.

The educational level of care givers is a key to improved outcomes for young children. Those who care for children need a baseline of information upon which to build. Basic child care orientation represents that starting point. The goal is for all registered providers to receive this basic training in the years to come.

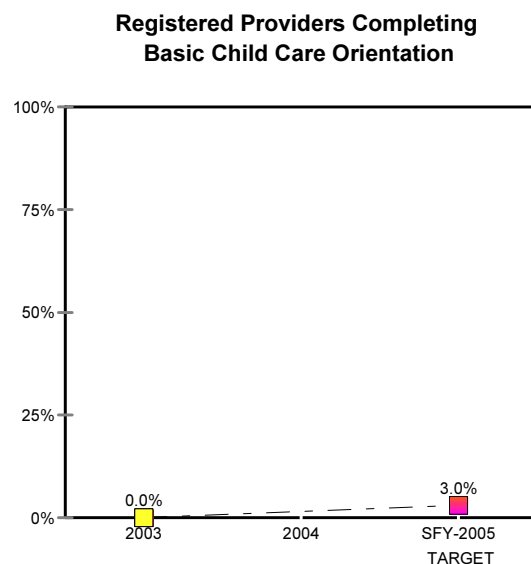
In addition to laying a foundation for future learning, training gives providers tools and resources to reduce stress and frustration and increase coping skills. This is important in reducing the incidence of child abuse and neglect (CAN). Basic education around CAN also helps providers identify potential abuse or neglect of the children they serve.

Trend Analysis:

- Historical data is not available.

Factors Influencing the Measure:

- Adequate orientation training capacity
- Provider transportation and provider child care issues
- Availability/accessibility of orientation training:
 - 1) Is it held in areas where providers lacking or with limited transportation can attend?
 - 2) Is it held at times that most providers who typically work from 6:30 a.m. to 6:30 p.m. can attend?
 - 3) Are substitutes, or is funding to pay substitutes, available?
 - 4) Is it affordable?



- Lack of incentives for completing orientation
- Lack of statutory authority to require training
- Support and technical assistance to translate training into provider/child interaction

How Missouri Compares to Surrounding States:

- Access to training is a requirement for child care providers receiving Child Care Development Funds (CCDF). Per CCDF federal reporting, currently four states require attendance at a basic orientation training and 11 states require both a prerequisite training as well as annual training as a condition to receive a state child care subsidy. The remaining states encourage and offer training to providers, but do not make it a requirement.

Strategies:

- Educare providers will target and recruit registered providers to participate in basic Child Care Orientation Training (CCOT) and track the number completing training.
- Educare providers will provide incentives to participate in CCOT.
- A CCOT brochure will be included in every new registration packet as providers register to participate in the subsidy system.
- All Educare providers will ensure a staff person becomes a certified CCOT trainer.
- The CCOT infrastructure will continue to be supported through the Resource and Referral Network via contract with the Office of Early Childhood.

Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Increase the number of registered providers achieving licensure from 50 in SFY-2003 to target 75 in SFY-2005.

Why is this measure important?

- It is a generally accepted premise that education is an important key to self-sufficiency and a better life. Along with the nation, Missouri continues to grapple with how to achieve good educational outcomes for all children. Brain development research tells us that more learning occurs from age 0-5 than any other developmental period. Research also shows that deficits presented at school entry are not easily, and sometimes never, overcome. In fact, the gap between those well prepared for kindergarten and those facing challenges typically widens with time. Breaking the cycle of poverty and failure is no easy task, but high quality early educational experiences hold great potential for doing so. Both in-home and out-of-home experiences are needful for children to develop their full potential and arrive at school ready to succeed.

High quality early care and education has been shown to improve outcomes for young children, increase their social, emotional and cognitive preparedness and even increase intellectual capacity. Investing in young children can save Missouri millions of dollars in special education, rehabilitation and incarceration costs and can contribute to stronger communities and a stronger economy through a better prepared and higher functioning workforce.

Licensure is an important milestone on the path toward offering quality early childhood care and education. Although a number of entities are exempt from licensure, many choose to be licensed voluntarily. The Department of Social Services (DSS) offers enrollment in the subsidy system to any legally operating child care facility in the state while encouraging and providing incentives for providers to improve quality, increase education, achieve licensure and ultimately achieve accreditation.

DSS honors the parent's choice of a child care provider for their child. However, the agency works to share the information that quality matters in preparing a child for success in school and in life, and to ensure parents have access to quality choices that meet their individual needs.

The registered provider population, however, presents challenges in increasing quality for several reasons. Approximately half of all registered providers are relatives, i.e., grandparents, aunts, uncles or cousins. These providers are typically not interested in obtaining licensure. The remaining half are friends, neighbors or acquaintances who are typically keeping a limited number of children, perhaps as a favor to the parent, and are not interested in becoming licensed and providing care on a regular basis. The universe of registered providers is in a constant "churn." Without other incentives, becoming a licensed child care provider within the registered population is not a major motivating factor.

Many of these registered providers, however, have a great love and commitment to the children for whom they provide care. While they may not see themselves as child care providers, there is great potential within this population to recruit for licensure. Resources should be targeted to identify providers with potential, increase the quality and expand the capacity of those providers, while at the same time ensuring that the remaining population has at least a minimal base knowledge of health, safety and child development. These are things we must do if we are serious about giving children the best start possible in life and preventing children with whom DSS interacts from entering school at a marked disadvantage. This is key to reducing the incidence of child abuse and neglect and ultimately a primary factor in breaking the cycle of poverty.

Trend Analysis:

- The number of registered providers achieving licensure has remained relatively flat during the measured time frame.

Factors Influencing the Measure:

- Parental choice of provider
- State licensing exception laws
- Intentionality/interest of providers (Are they interested in providing care for additional children? Do they enjoy providing care or are they doing it as a favor to the parent?)
- Lack of incentives for licensing
- Availability of support services/technical assistance
- Capacity of available, accessible, affordable and appropriate education/training opportunities
- Funding to assist with costs of licensing (training, equipment, supplies, minor remodeling to meet licensing/Americans with Disabilities Act [ADA] requirements, etc.)

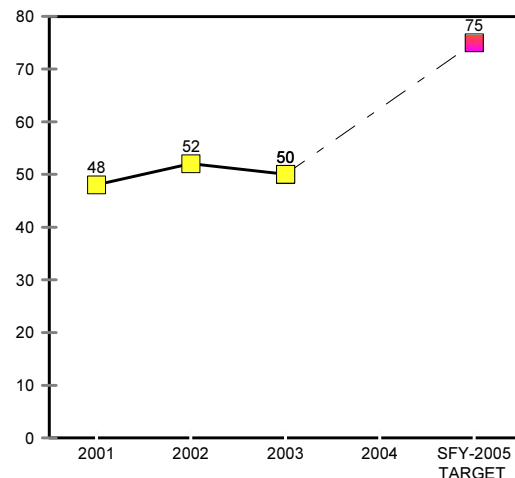
How Missouri Compares to Surrounding States:

- Among the surrounding states Missouri had the most children under age 14 per licensed child care provider.

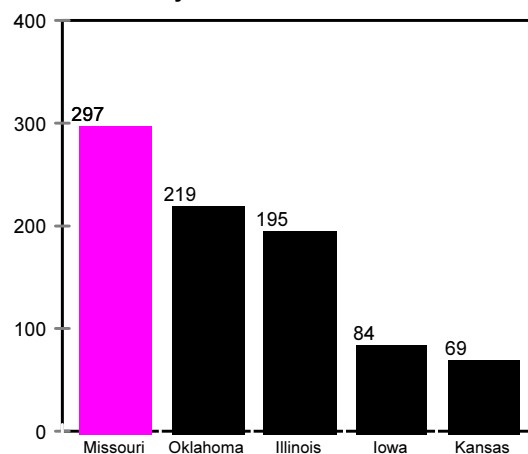
Strategies:

- Provide assistance and incentives for registered providers to become licensed through the Start Up and Expansion Grant program.
- Work through the Resource and Referral Network and Educare to do outreach and education with providers on licensure.
- Have Educare set annual targets for registered providers to achieve licensure.
- Include information on licensure in child care provider registration packets for the subsidy program.
- Longer Term Strategy - Create payment differential within the subsidy system for licensed providers.

Registered Providers Achieving Licensure



Number of Children Under Age 14 for Every Licensed Child Care Provider



Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Increase the percentage of subsidized children in licensed child care from 62% in SFY-2002 to 65% in SFY-2005.

Why is this measure important?

- It is a generally accepted premise that education is an important key to self-sufficiency and a better life. Along with the nation, Missouri continues to grapple with how to achieve good educational outcomes for all children. Brain development research tells us that more learning occurs from age 0-5 than any other developmental period. Research also shows that deficits presented at school entry are not easily, and sometimes never, overcome. In fact, the gap between those well prepared for kindergarten and those facing challenges typically widens with time. Breaking the cycle of poverty and failure is no easy task, but high quality early educational experiences hold great potential for doing so. Both in-home and out-of-home experiences are needful for children to develop their full potential and arrive at school ready to succeed.

High quality early care and education has been shown to improve outcomes for young children, increase their social, emotional and cognitive preparedness and even increase intellectual capacity. Investing in young children can save Missouri millions of dollars in special education, rehabilitation and incarceration costs and can contribute to stronger communities and a stronger economy through a better prepared and higher functioning workforce.

Children in poverty are at the highest risk of being ill prepared to be successful in school. Every child deserves high quality early care and education, but it is absolutely critical for children in poverty. It is essential then that children whose child care is subsidized have access to high quality care. Licensure is one benchmark of quality as it ensures basic health and safety, although licensure alone is not enough to ensure that children enter school prepared for success. However, it is an important measure and the basic foundation on which to build.

According to Child Care Development Fund (CCDF), nationally 74% of state subsidized children are served in regulated settings. In Missouri approximately 60% of state subsidized children are served in regulated settings. Comparing regulation in Missouri to regulation in other states is difficult and can often be misleading. Licensing/regulation is determined by the particular state. Some states require that anyone caring for children be licensed. Some states exempt only relative care from licensing requirements. States may set different thresholds as to how many children can be cared for before licensing is required with the magic number being two, three, four or more unrelated children as the cutoff for exemption. Missouri exempts faith-based providers and child care programs run by school districts from state licensing requirements, although faith-based programs are required to be inspected, and many faith-based and school-based programs voluntarily choose to be licensed. Missouri also exempts relative care and providers caring for four or less unrelated children from licensure requirements.

While many programs that claim exemption from licensing operate with a high degree of quality, research has shown that licensing is an indicator of quality. Nationally, studies show that unregulated providers typically have lower education levels, are less intentional in their care, are less reliable and are less likely to prepare children for school success.

Department of Social Services (DSS) honors the parent's choice of a child care provider for their child. However, the agency works to see that parents understand quality matters in preparing a child for success in school and life, and to ensure parents have access to quality choices that meet their needs. Therefore, DSS proposes to increase the percentage of subsidized children utilizing licensed care as a strategic measure.

Trend Analysis:

- In FFY-1998 54% of children in subsidized care had their care provided in by a licensed child care provider. By 2002 this had grown 8% to the current level of 62%. (Note: Data is not available for FFY-2000.)

Factors Influencing the Measure:

- Parental choice of provider
- Parental awareness of brain development research, licensing and its relationship to children's health and safety, and the effects of quality care on school readiness
- State licensing/licensing exception laws
- Lack of incentives for licensing
- Funding to assist with costs of licensing (training, equipment, supplies, minor remodeling to meet licensing/Americans with Disabilities Act [ADA] requirements, etc.)

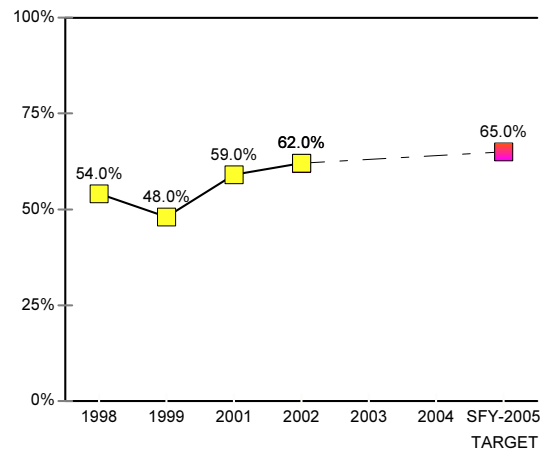
How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

Strategies:

- Require start up and expansion grantees to serve 25% subsidized children and to achieve licensure with one year of grant award.
- Continue to provide the disproportionate share rate enhancement only to licensed providers serving 50% or more subsidized children.
- Provide parent education to assist parents in making informed child care choices through the Resource and Referral Network and other venues.
- Continue to require all Early Head Start child care partner agencies to achieve licensure.
- Promote the choice of licensed care with families receiving subsidy in the metropolitan Family Support Division offices through onsite resource and referral services.

Subsidized Children in Licensed Child Care



Note: FFY-2000 data is not available.

Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Increase percentage of licensed child care providers that are accredited from 9.8% in SFY-2003 to 10.5% in SFY-2005.

Why is this measure important?

- It is a generally accepted premise that education is an important key to self-sufficiency and a better life. Along with the nation, Missouri continues to grapple with how to achieve good educational outcomes for all children. Brain development research tells us that more learning occurs from age 0-5 than any other developmental period. Research also shows that deficits presented at school entry are not easily, and sometimes never, overcome. In fact, the gap between those well prepared for kindergarten and those facing challenges typically widens with time. Breaking the cycle of poverty and failure is no easy task, but high quality early educational experiences hold great potential for doing so. Both in-home and out-of-home experiences are needful for children to develop their full potential and arrive at school ready to succeed.

High quality early care and education has been shown to improve outcomes for young children, increase their social, emotional and cognitive preparedness, and even increase intellectual capacity. Investing in young children can save Missouri millions of dollars in special education, rehabilitation and incarceration costs and can contribute to stronger communities and a stronger economy through a better prepared and higher functioning workforce.

Accreditation represents another step beyond licensure toward the ultimate goal of achieving a high quality early care and education program. Issues such as staff education and staff interaction with children are addressed among many others. The Department of Social Services envisions a time when every low income child is assured access to such a high quality placement.

A program must be in business for one year prior to initiating the accreditation process. Since accreditation is primarily based on staff education and staff's ability to translate that education into interaction with children, the road to accreditation is a long one. Achieving accreditation can take from six months to three or more years depending upon the readiness of the facility. Staff turnover can have an enormous impact on a program's ability to achieve accreditation. Therefore, while this measure appears low, it is consistent with where other states are in the process. Missouri currently has numerous programs at various points in the accreditation process thanks to state funded accreditation facilitation projects. We should begin to see the results of these efforts in the coming months and years.

As states begin to realize the value of accreditation, state and national accrediting organizations are having trouble keeping pace with demand, which is causing some delays in the accreditation process. Two major national accrediting organizations have currently suspended their accreditation process temporarily to revamp their systems to accommodate this demand.

Missouri is historically and currently a national leader for early childhood accreditation. Missouri is unique as the first state in the nation to develop an accreditation system that predates the national systems and one of only a handful of states that have a state accrediting organization as an option for providers.

Resources for training and technical assistance are critical to achieving and maintaining accreditation, particularly for those providers serving depressed areas, as well as strategies to increase staff compensation to reduce turnover.

Trend Analysis:

- The percentage of providers that are accredited has ranged between 9.8% and 11.6%. A trend is not discernable at this point.

Factors Influencing the Measure:

- Programs must be in business for one year prior to initiating the accreditation process
- Education levels of staff and the time it takes staff to achieve required education levels
- Readiness level of the facility
- Staff turnover
- Availability/capacity of accreditation facilitation services (technical assistance)
- Availability of funding for education/training
- Availability of funding for accreditation fees and dues
- Availability, accessibility, and affordability of appropriate education/training opportunities
- Resources for necessary equipment and supplies
- Capacity of accrediting organizations to service providers
- Parental awareness of accreditation and what it means to their children

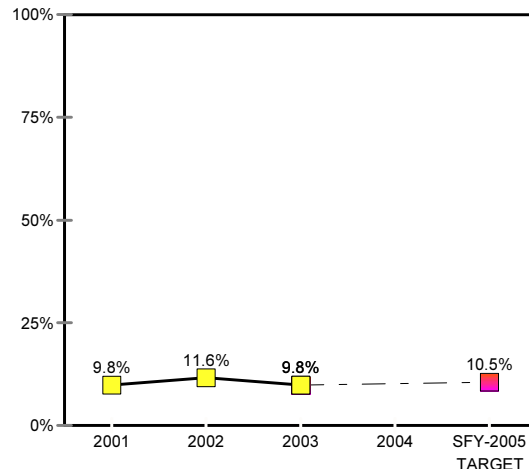
How Missouri Compares to Surrounding States:

- Missouri has the highest percentage of accredited providers when compared to surrounding states.

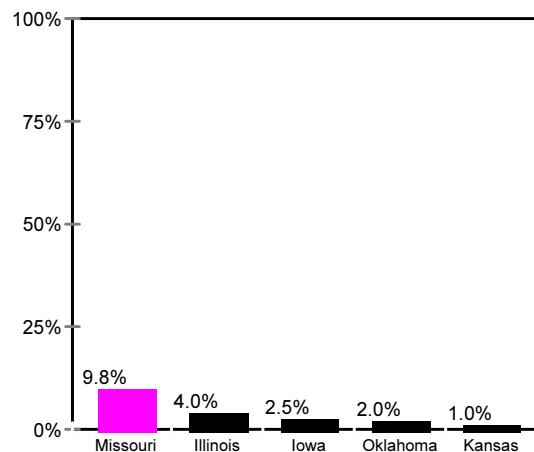
Strategies:

- Provide accreditation facilitation grants to assist facilities in the arduous process of working toward accreditation (which can be a three to five-year endeavor).
- Provide incentive for providers to become accredited through offering enhanced subsidy rates to accredited facilities.
- Require Start Up and Expansion grantees to enroll with an accreditation facilitation project and initiate the accreditation process.
- Require accreditation facilitation contractors to serve third year start up and expansion grantees.
- Longer Term Strategy - Create and implement a quality rating system linked to subsidy payment system.

**Licensed Child Care Providers
That Are Accredited**



**Percentage of Licensed Providers
That Are Accredited**



Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Increase the percentage of subsidized children in accredited child care from 2.6% in SFY-2003 to 3.6% in SFY-2005.

Why is this measure important?

- It is a generally accepted premise that education is an important key to self-sufficiency and a better life. Along with the nation, Missouri continues to grapple with how to achieve good educational outcomes for all children. Brain development research tells us that more learning occurs from age 0-5 than any other developmental period. Research also shows that deficits presented at school entry are not easily, and sometimes never, overcome. In fact, the gap between those well prepared for kindergarten and those facing challenges typically widens with time. Breaking the cycle of poverty and failure is no easy task, but high quality early educational experiences hold great potential for doing so. Both in-home and out-of-home experiences are needful for children to develop their full potential and arrive at school ready to succeed.

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A program must be in business for one year prior to initiating the accreditation process. Since accreditation is primarily based on staff education and staff's ability to translate that education into interaction with children, the road to accreditation is a long one. Achieving accreditation can take from six months to three or more years depending upon the readiness of the facility. Staff turnover can have an enormous impact on a program's ability to achieve accreditation. Therefore, while this measure appears low, it is consistent with where other states are in the process. Missouri currently has numerous programs at various points in the accreditation process thanks to state funded accreditation facilitation projects. We should begin to see the results of these efforts in the coming months and years.

As states begin to realize the value of accreditation, state and national accrediting organizations are having trouble keeping pace with demand, which is causing some delays in the accreditation process. Two major national accrediting organizations have currently suspended their accreditation process temporarily to revamp their systems to accommodate this demand.

Missouri is historically and currently a national leader for early childhood accreditation. Missouri is unique as the first state in the nation to develop an accreditation system that predates the national systems and one of only a handful of states that have a state accrediting organization as an option for providers.

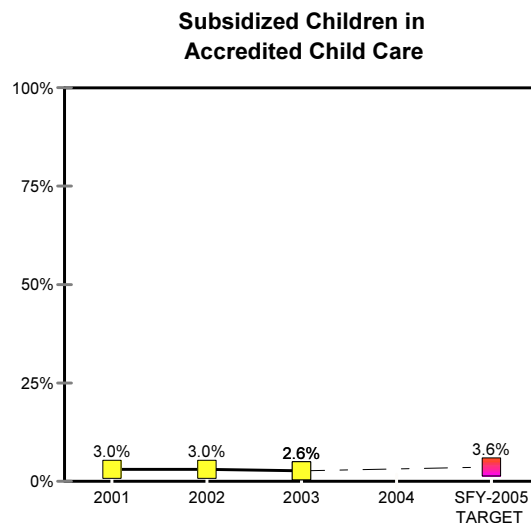
Resources for training and technical assistance are critical to achieving and maintaining accreditation, particularly for those providers serving depressed areas, as well as strategies to increase staff compensation to reduce turnover.

Trend Analysis:

- The percentage of subsidized children in accredited child care has remained relatively flat during the measured time frame.

Factors Influencing the Measure:

- Programs must be in business for one year prior to initiating the accreditation process
- Education levels of staff and the time it takes staff to achieve required education levels
- Readiness level of the facility
- Staff turnover
- Availability/capacity of accreditation facilitation services (technical assistance)
- Availability of funding for education/training
- Availability of funding for accreditation fees and dues
- Availability, accessibility, and affordability of appropriate education/training opportunities
- Resources for necessary equipment and supplies
- Capacity of accrediting organizations to service providers
- Parental awareness of accreditation and what it means to their children



How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

Strategies:

- Require accreditation facilitation grantees to serve programs which care for 25% or more subsidized children.
- Provide incentive for accredited facilities to serve subsidized children through offering enhanced subsidy rates to accredited facilities.
- Provide parent education on choosing high quality child care and accreditation through the Resource and Referral Network and other venues.
- Longer Term Strategy - Create and implement a quality rating system linked to the subsidy payment system.

Key Focus Area: Make Life Better for Children

Goal: Improve quality of and access to early childhood care and education.

Measure: Improve payment processing for child care providers within one month following service from 77% in SFY-2003 to 82% in SFY-2005.

Why is this measure important?

- Providing excellent customer services to both families and providers is of paramount importance to the Department of Social Services. The number one complaint of child care providers is lack of timely payment. In a Managing for Results Initiative the team recommended electronic processing of claims as the number one recommendation that would reduce front line worker man hours and provide highly improved service to child care providers.

Trend Analysis:

- Historical data is not available.

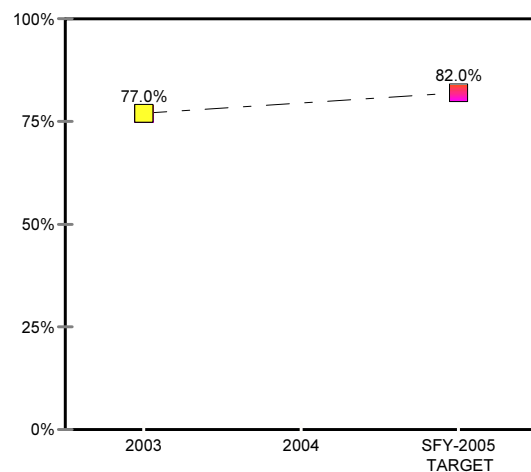
Factors Influencing the Measure:

- Available resources to develop mainframe inquiry and invoicing transactions
- Resource availability for completion of provider training
- Funding

How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

**Child Care Payments Processed
Within One Month Following Service**



Strategies:

- Develop and implement online inquiry and invoicing as an option for providers to expedite data entry and payment. Ensure the incorporation of help screens to assist providers in completion and develop and deliver training for staff and providers.
- Update the training package for county office staff to implement provider training on the completion of manual and electronic invoices.
- Post the training manual online.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

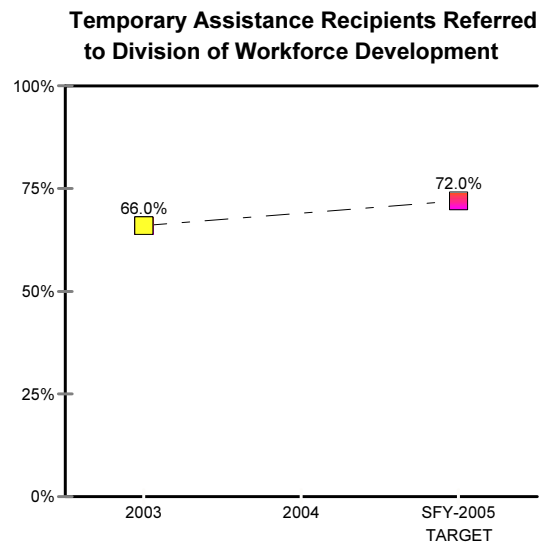
Measure: Increase the percentage of referrals to the Division of Workforce Development (Department of Economic Development) for Temporary Assistance for Needy Families work requirements from 66% in SFY-2003 to 72% in SFY-2005.

Why is this measure important?

- States must currently meet a work participation rate of 50% for Temporary Assistance for Needy Families (TANF) mandatory work participants. It is important that Division of Workforce Development be provided a large enough pool of employment and training-ready participants to meet this standard. It is also important that the Family Support Division work to remove barriers for participants who are not yet employment or training ready so they may overcome barriers and move to self sufficiency.

Trend Analysis:

- The transfer of TANF work activities to the Department of Economic Development has occurred only recently. Data is not available to provide a trend.



Factors Influencing the Measure:

- Staffing and resources to address barriers

How Missouri Compares to Surrounding States:

- Comparable data is not available for surrounding states.

Strategies:

- Engage all Temporary Assistance mandatory participants as early as possible in the process.
- Do a thorough assessment of each participant to determine whether immediate referral to Division of Workforce Development is appropriate.
- If an immediate referral to Division of Workforce Development is inappropriate, connect the participant with resources to address barriers to becoming employment and training ready.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

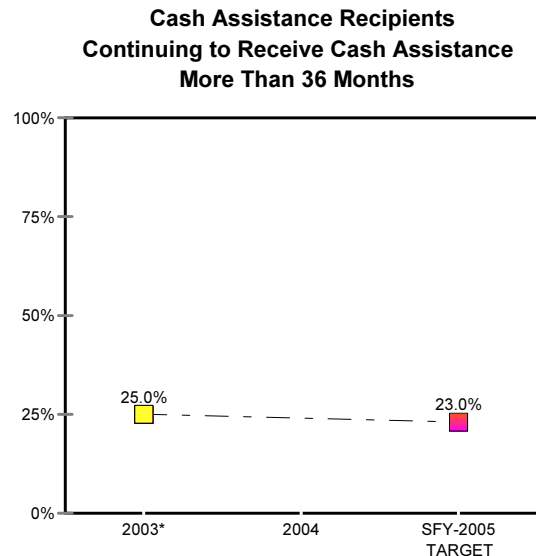
Measure: Decrease the percentage of cash assistance recipients who continue to receive cash assistance for more than 36 months from 25% in SFY-2003 to 23% in SFY-2005.

Why is this measure important?

- This measure shows that Temporary Assistance is truly temporary. The 36-month mark is important because recipients who go beyond that time are characterized as long-term recipients. These long-term recipients typically have multiple barriers to self sufficiency. We should strive to address as many of these barriers as possible in the early months to avoid long-term dependence.

Trend Analysis:

- SFY-2003 is the first full year of data after Temporary Assistance for Needy Families (TANF) recipients reached the 60-month time limit. Any comparisons before that would compare recipients with 36 months of use to a ceiling less than 60 months.



*This is the first full year after TANF recipients reached the 60-month time limit. Previous time periods would measure recipients with 36 months against less than a 60-month time period.

Factors Influencing the Measure:

- Resources for addressing barriers
- Jobs available in the economy
- Success of the Division of Workforce Development in preparing and placing people in jobs

How Missouri Compares to Surrounding States:

- Comparable data is not available for surrounding states.

Strategies:

- Engage all Temporary Assistance mandatory participants as early as possible in the process.
- Do a thorough assessment of each participant to determine whether immediate referral to Division of Workforce Development is appropriate.
- If referral to Division of Workforce Development is inappropriate, connect the participant with resources to address barriers to becoming employment and training ready.
- Assist participants in obtaining non-time-limited sources of income, such as child support and Supplemental Security Income (SSI).
- Make sure former recipients continue to receive other services and benefits for which they are eligible, such as food stamps, child care and health care coverage.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Maintain the percentage of food stamp eligibles actually receiving food stamps at 95% in FFY-2005.

Why is this measure important?

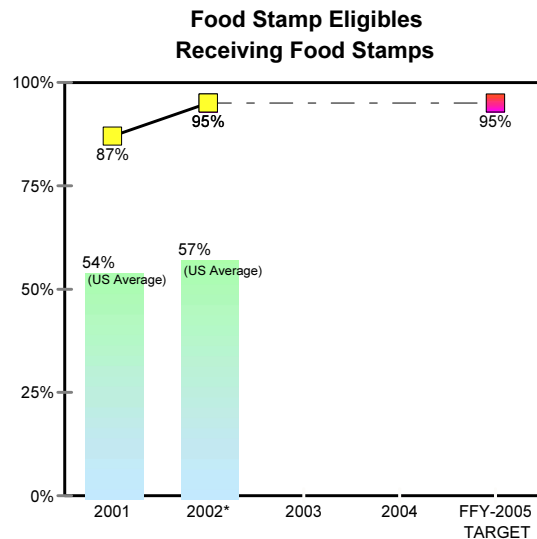
- Food Stamps is a nutrition assistance program. 54% of participating households include children. It is important to ensure that low income families that qualify for the program have effective means of accessing this assistance, free from administrative barriers to participation.

Trend Analysis:

- In FFY-2002 Missouri was 38% above the national average.

Factors Influencing the Measure:

- Ability to file food stamp applications by mail and to be interviewed by telephone
- Ease of use of food stamp benefits through electronic benefit transfers (EBT)

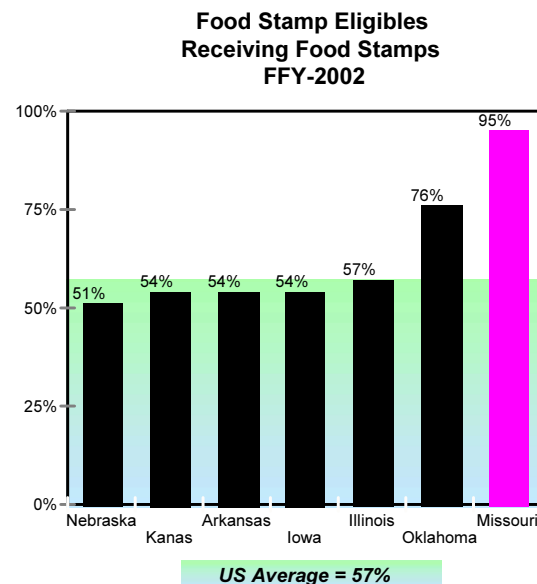


How Missouri Compares to Surrounding States:

- The Family Support Division received awards in October 2002 and 2003 for the second highest food stamp participation in the country. Among surrounding states, Missouri has the highest percentage of eligibles receiving food stamps.

Strategies:

- Allow food stamp applicants to apply by mail and be interviewed by telephone.
- Mail out new application with notice of expiring benefits.
- Extend office hours beyond the traditional 8:00-5:00.
- Provide community partners with food stamp applications and information about the Food Stamp program.



Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Decrease the amount of child support collections on hold from \$5.4 million in SFY-2003 to \$4.0 million in SFY-2005.

Why is this measure important?

- The timely and accurate disbursement of child support payments to obligors is just as important as the actual collection of payments. Families depend upon regular child support payments to manage their household expenses, and once a payment is made, families should not have to be concerned with whether their payment will be sent to them when expected.

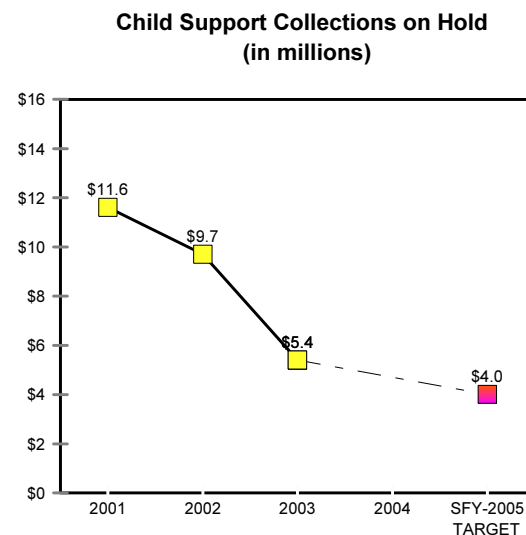
In the annual report to the federal IV-D agency, Missouri must report the amount on hold. Holds became a national priority of the federal Office of Child Support Enforcement to reduce undistributed collections, which includes funds on hold.

Trend Analysis:

- During the measured time frame there has been a reduction of child support collections on hold. A decrease of collections on hold equates to the increased likelihood of collections being turned over to families.

Factors Influencing the Measure:

- Several types of payment holds come about as a result of inaccurate system information. Child Support Enforcement workers must ensure case information is correct to enable payments to process correctly. Part of this effort involves securing timely and accurate information from child support clients and educating them on the importance of keeping their worker updated with address information. Reasons for several types of holds involve the interception of state and federal income tax refunds. Federal regulation and state statute require these holds. At some point the amount on hold will reach a point where the annual average cannot be reduced due to the mandatory tax holds.



How Missouri Compares to Surrounding States:

- Comparable data is not available for surrounding states.

Strategies:

- Continue award-winning location project to locate addresses for clients with payments on hold.
- Staff will review cases to ensure that client addresses are complete and accurate.
- Staff will maintain case information to accurately reflect obligations and arrearage in order to reduce the amount of collections on hold.
- Obtain commitment from the Family Support Division, Circuit Clerk and Prosecutors' office managers to concentrate efforts to reduce and prevent held collections.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Increase the percentage of current child support collections as compared to current child support obligations from 52.7% in SFY-2003 to 60% in SFY-2005.

Why is this measure important?

- It is important for families to receive all the support that is owed to them. If families can receive their current child support payments, they may be less likely to have to receive public assistance. Current support payments can help reduce financial worries for a family that may be at risk in other areas. Single parents may be able to spend more time with their family instead of spending more time at work trying to support the family. This is also a measure that affects the amount of federal IV-D incentive payments states receive. Improved performance could garner a greater share for Missouri.

Trend Analysis:

- Each year in the measured time frame, with the exception of 1999, there has been a marked increase in the percentage of obligees receiving child support. Missouri was 6.9% below the national average in 2002. (2002 is the latest year national data was available.)

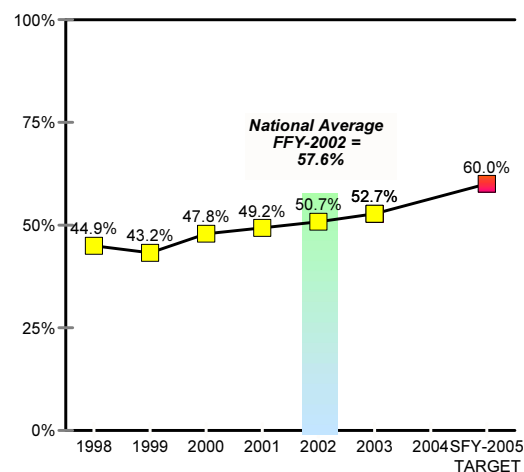
Factors Influencing the Measure:

- Diligent enforcement and collection activities on the part of Child Support Enforcement affect the amount of current support collected. Cooperation with Workforce Development and the Parents Fair Share program can help obligors be more able to pay their current support obligations. A factor beyond the Family Support Division-Child Support Enforcement's control that can affect current support collections is the state and national economy.

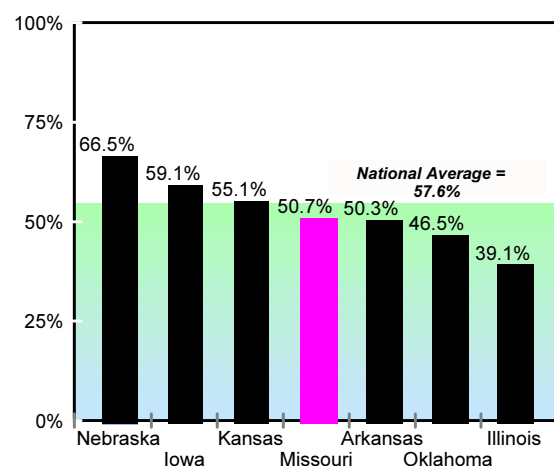
How Missouri Compares to Surrounding States:

- In FFY-2002 Missouri ranked in the middle of surrounding states when comparing current collections to current obligations.

Child Support Collections as a Percentage of Child Support Obligations



Child Support Collections as a Percentage of Child Support Obligations FFY-2002*



*This is the most recent national data available.

Strategies:

- Division Director to reiterate to staff the importance and impact of collections on federal incentives and division budget. Explain the importance of case closure. Notify staff in writing of division goals and strategies.
- Revise and develop Missouri Automated Child Support System (MACSS) reports to help staff better identify cases needing enforcement actions.
- Revise policy for wider use of license suspension remedies, including generating an alert in the MACSS system when a case meets suspension criteria.
- Create teams to review cases meeting criteria for closure and initiate closing, resulting in a reduction in IV-D support owed by \$95 million.
- Review and act on cases that have children that meet emancipation criteria, resulting in a reduction of IV-D support owed.
- Review and act on non-IV-D cases where support is accruing as a IV-D balance, reducing IV-D support owed.
- Implement changes to child support technician and supervisor performance measures to emphasize casework that supports and improves collections and other federal incentive measures.
- Reinstate annual goal setting meetings to develop, plan and implement unified strategies toward improving collections and overall agency performance.
- Complete annual "Program Management Reviews" of each Child Support Enforcement office. The intent of this process is to identify office management strengths and weaknesses. Weaknesses should be remedied and strengths identified and shared as best practices.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

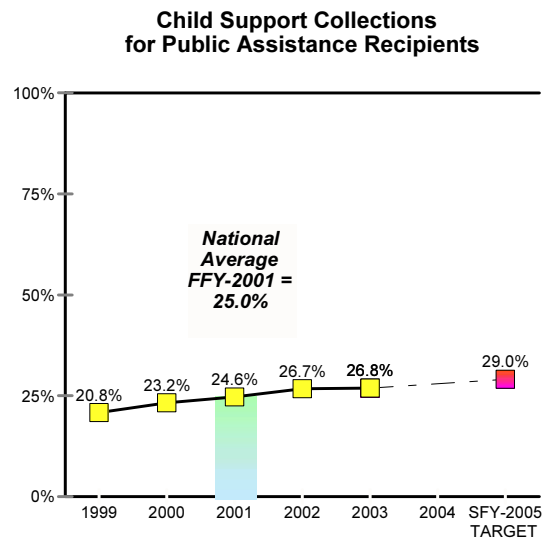
Measure: Increase the percentage of child support enforcement cases that receive collections for a public assistance recipient from 26.8% in SFY-2003 to 29% in SFY-2005.

Why is this measure important?

- Regular child support payments can assist in bringing family income to a level where public assistance programs do not have to be relied upon. With the implementation of the 60-month Temporary Assistance for Needy Families (TANF) benefit limit for most families, it is even more important that child support is collected for families on public assistance. Collections on TANF cases also help to reimburse Missouri for TANF expenditures and help fund the Child Support program.

Trend Analysis:

- During the measured time frame child support collections for public assistance recipients have continued to increase. Although there was an increase between 2002 and 2003, this increase was much smaller than that seen in the prior years. Missouri was slightly below the national average in 2001. (2001 was the latest year national data was available.)

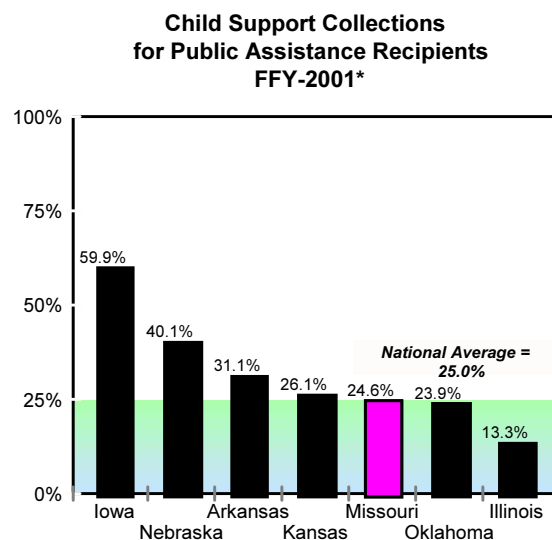


Factors Influencing the Measure:

- Diligent collection activities on the part of Child Support Enforcement affect the amount of support collected. Cooperation with Workforce Development and the Parents Fair Share program can help obligors be more able to pay their support obligations. A factor beyond the Family Support Division-Child Support Enforcement's control that can affect support collections is the state and national economy.

How Missouri Compares to Surrounding States:

- Missouri had the third lowest percentage of cases that received collection for a public assistance recipient when compared to surrounding states.



*This is the most recent national data available.

Strategies:

- Division Director to reiterate to staff the importance and impact of collections on federal incentives and division budget. Explain the importance of case closure. Notify staff in writing of division goals and strategies.
- Revise and develop Missouri Automated Child Support System (MACSS) reports to help staff better identify cases needing enforcement actions.
- Revise policy for wider use of license suspension remedies, including generating an alert in the MACSS system when a case meets suspension criteria.
- Create teams to review cases meeting criteria for closure and initiate closing, resulting in a reduction in IV-D support owed by \$95 million.
- Review and act on cases that have children that meet emancipation criteria, resulting in a reduction of IV-D support owed.
- Review and act on non-IV-D cases where support is accruing as a IV-D balance, reducing IV-D support owed.
- Implement changes to child support technician and supervisor performance measures to emphasize casework that supports and improves collections and other federal incentive measures.
- Reinstate annual goal setting meetings to develop, plan and implement unified strategies toward improving collections and overall agency performance.
- Complete annual "Program Management Reviews" of each Child Support Enforcement office. The intent of this process is to identify office management strengths and weaknesses. Weaknesses should be remedied and strengths identified and shared as best practices.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Increase the percentage of child support cases that receive collections from 45.8% in SFY-2003 to 46% in SFY-2005.

Why is this measure important?

- It is important for families to receive all the support that is owed to them. Regular child support payments can assist in bringing family income to a level where public assistance programs do not have to be relied upon. Regular support payments can help alleviate financial worries for a family that may already be at risk for other reasons. Increasing the percentage of cases receiving collections contributes to a better federal incentive score, possibly increasing the amount of IV-D incentives paid to Missouri.

Trend Analysis:

- Child support collections have more than doubled between 1998 and 2003. Missouri was below the national average in 2001 by 1.9%. (2001 was the latest year national data was available.)

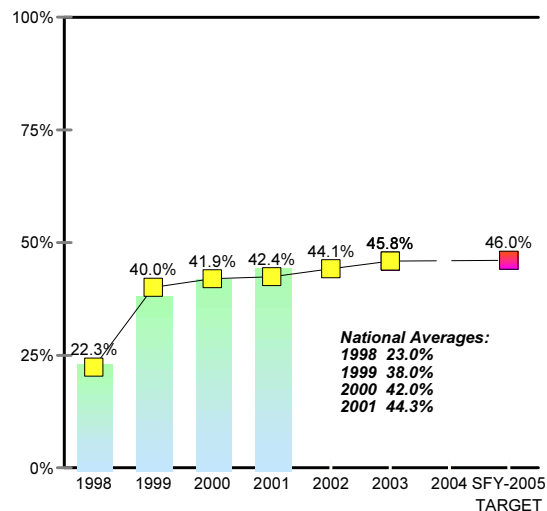
Factors Influencing the Measure:

- Diligent collection activities on the part of Child Support Enforcement affect the amount of support collected. Cooperation with Workforce Development and the Parents Fair Share program can help obligors be more able to pay their support obligations. A factor beyond Family Support Division-Child Support Enforcement's control that can affect support collections is the state and national economy.

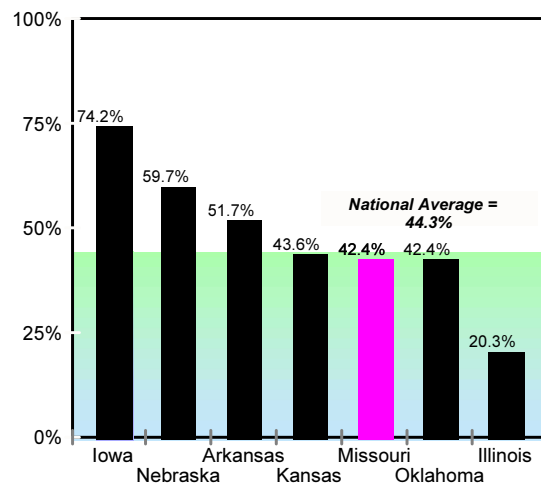
How Missouri Compares to Surrounding States:

- In FFY-2001 Missouri had the third lowest percentage of cases receiving collections when compared to surrounding states.

Child Support Collections



**Child Support Collections
FFY-2001***



*This is the most recent national data available.

Strategies:

- Division Director to reiterate to staff the importance and impact of collections on federal incentives and division budget. Explain the importance of case closure. Notify staff in writing of division goals and strategies.
- Revise and develop Missouri Automated Child Support System (MACSS) reports to help staff better identify cases needing enforcement actions.
- Revise policy for wider use of license suspension remedies, including generating an alert in the MACSS system when a case meets suspension criteria.
- Create teams to review cases meeting criteria for closure and initiate closing, resulting in a reduction in IV-D support owed by \$95 million.
- Review and act on cases that have children that meet emancipation criteria, resulting in a reduction of IV-D support owed.
- Review and act on non-IV-D cases where support is accruing as IV-D balance, reducing IV-D support owed.
- Implement changes to child support technician and supervisor performance measures to emphasize casework that supports and improves collections and other federal incentive measures.
- Reinstate annual goal setting meetings to develop, plan and implement unified strategies toward improving collections and overall agency performance.
- Complete annual "Program Management Reviews" of each Child Support Enforcement office. The intent of this process is to identify office management strengths and weaknesses. Weaknesses should be remedied and strengths identified and shared as best practices.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Increase payment accuracy for food stamp recipients from 90.2% in FFY-2003 to 93% in FFY-2005.

Why is this measure important?

- This measure is important as it reflects the quality of food stamp eligibility decisions. States below the national average are subject to monetary penalties.

Trend Analysis:

- Food Stamp payment accuracy has fluctuated between 89.8% and 91.9%. Until 2001 Missouri had been above the national average for payment accuracy. (2001 is the latest year national data is available.)

Factors Influencing the Measure:

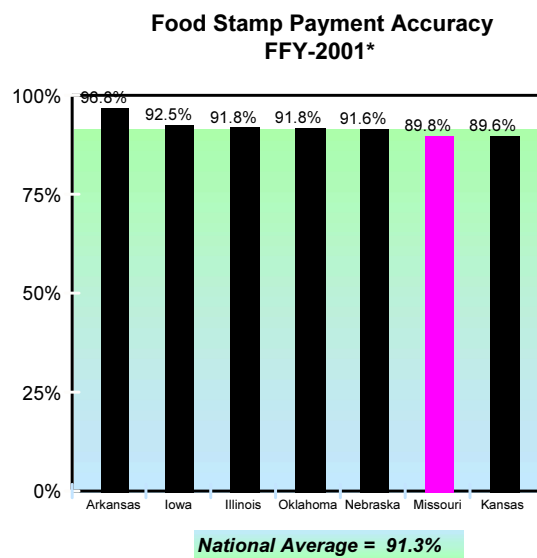
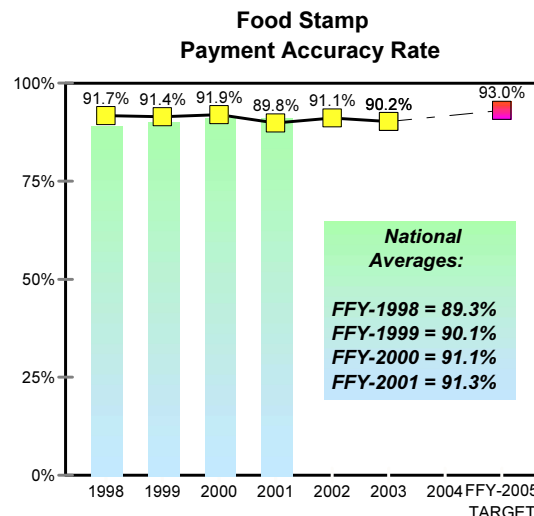
- Staffing levels of front-line workers
- Adequate supervision from front-line supervisors which has been negatively impacted by hiring freezes
- Automated support for staff
- Number of people enrolling for food stamps

How Missouri Compares to Surrounding States:

- When compared to the surrounding states, Missouri has the second lowest Food Stamp accuracy rate. Missouri's Food Stamp accuracy was 1.5% below the national average in FFY-2001.

Strategies:

- Fully implement the Family Assistance Management Information System (FAMIS) for food stamps to standardize decision making across the state.
- Adopt simplified reporting option to cut down on errors due to change in earnings.
- Focus on the role of front-line supervisors in developing, training and overseeing staff.



*This is the most recent national data available.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Maintain the staffing levels for Income Maintenance workers at 47.7% of need in SFY-2005.

Why is this measure important?

- In order to provide minimum services to our clients, this percentage of staff is necessary.

Trend Analysis:

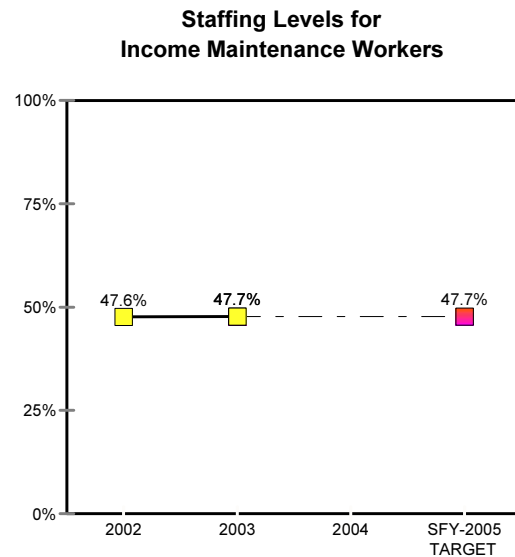
- During the last two years Income Maintenance staffing levels have remained flat.

Factors Influencing the Measure:

- Budget constraints
- Retention of employees
- Ongoing training

How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.



Strategies:

- Continue to make the workplace environment as friendly as possible to retain staff.
- Continue to train staff so that they are comfortable and confident in what they do.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Provide child support and public assistance resources to move families from poverty to self sufficiency.

Measure: Maintain the staffing levels for child support workers at 67% of need in SFY-2005.

Why is this measure important?

- Adequate staffing is needed to effectively administer the IV-D program within Missouri.

Trend Analysis:

- Staffing levels have been maintained at 67% of need.

Factors Influencing the Measure:

- Certainly a strained state budget affects the ability to hire and maintain an adequate staffing level. Private vendors hired to perform certain functions can help ensure effective delivery of services. Staffing evaluations may reveal better ways to allocate existing staff.

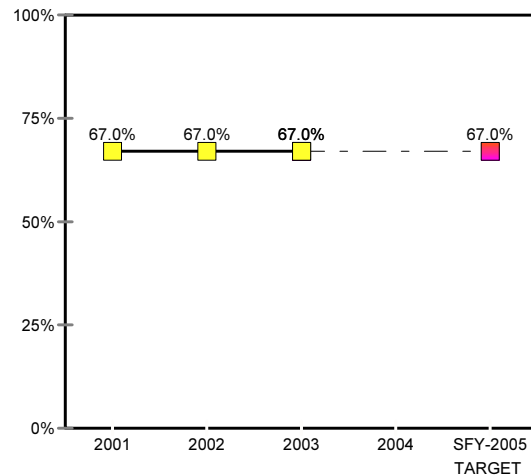
How Missouri Compares to Surrounding States:

- Comparable data is not available for surrounding states.

Strategies:

- Create a workgroup charged with studying the feasibility and agency impact of the further privatization of child support functions, such as medical support enforcement.
- Form a Managing for Results Initiative group to explore alternatives to current staffing and division of duties. The goal of this group is to identify and recommend changes that foster more efficient and economical service delivery.

**Staffing Levels for
Child Support Workers**



Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Move individuals to independence through education and career development.

Measure: Increase the percentage of children in Division of Youth Services custody who progress academically as measured by pre- and post testing and GED attempts from 78% in SFY-2003 to 80% in SFY-2005.

Why is this measure important?

- Youth entering the Division of Youth Services (DYS) typically are academically behind their age peers. The incidence of youth committed to DYS care with diagnosed educational disabilities is over three times greater than that found in the public school setting. Many of the youth have had numerous disruptions to their school experience.

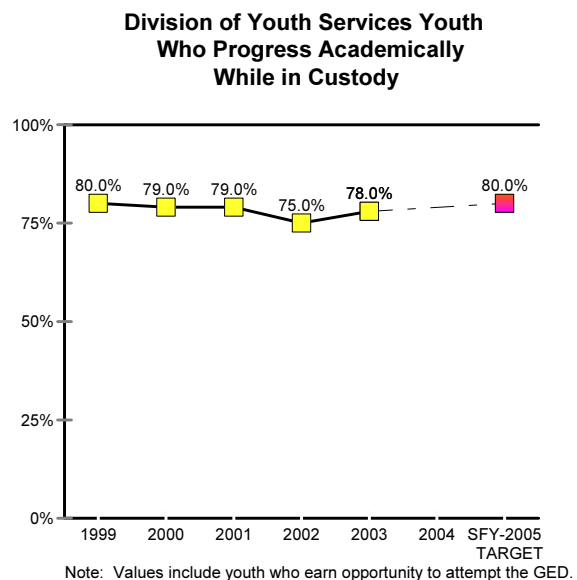
By individualizing education services designed to target the remedial needs of the students, the division expects to increase the number of youth who “close the gap” between themselves and their age peers. The division plans to increase its emphasis on applied curricular skills that will make teaching strategies more performance based and life skill applicable. Additionally, the division is working to improve teacher skills and instructional materials for teaching reading.

Trend Analysis:

- The percentage of children who progress academically while in custody has ranged between 75% and 80% over the last five years.

Factors Influencing the Measure:

- Division's ability to attract and retain qualified and effective teachers
- Length of stay in education programs
- Student motivation during post-testing



How Missouri Compares to Surrounding States:

- Comparable data on academic progress is not available from surrounding states.

Strategies:

- Regional education supervisors will arrange participation in Department of Elementary and Secondary Education's (DESE) Star Teacher staff development program to improve instructional strategies.
- Regional education supervisors will arrange utilization of DESE's instructional improvement resources to improve teaching techniques.
- Regional education supervisors will assure that at least 70% of the released youth will have pre- and post-testing results.
- The division's education supervisor will measure the results of the division's pilot participation in reading projects and expand or eliminate as appropriate.

- The division's education supervisor will identify opportunities to continue to provide teachers staff development in special education.
- Regional education supervisors and facility managers will assure each youth receives an individualized program of study in reading, mathematics and writing.
- Regional education supervisors will assist in developing the individual tutoring expectations of youth specialists working in the classroom.
- The division's education supervisor will identify potential funding sources needed to upgrade technology and instructional resources in the classrooms.
- Budget/purchasing reviews will reflect efforts to improve library and multimedia resources designed to improve achievement levels.
- The division's education supervisor will distribute and implement career-life skill development goals to enhance expected curriculum outcomes needed to meet transition and continuation goals.
- The division's education supervisor and regional education supervisors will provide staff development training needed to blend treatment and education strategies in the classroom.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Move individuals to independence through education and career development.

Measure: Increase percentage of youth age 16 and older that received GED or graduated high school at time of discharge from Division of Youth Services from 19.4% in SFY-2003 to 22% in SFY-2005.

Why is this measure important?

- Many youth find returning to the public school to be either impractical or undesirable due to lack of credits, historical school performance and/or behaviors. While many youth do return to the public school setting after release, it is believed a significant number do not complete their graduation requirements before dropping out. For these at-risk students, the division offers a visible GED alternative. For some youth, this goal may be incorporated into the individual treatment plan. By highlighting the advantages and practicality of the GED alternative, the division expects to capitalize on increased basic academic skills and increase the number of youth who successfully pass the GED prior to their discharge from the division's supervision

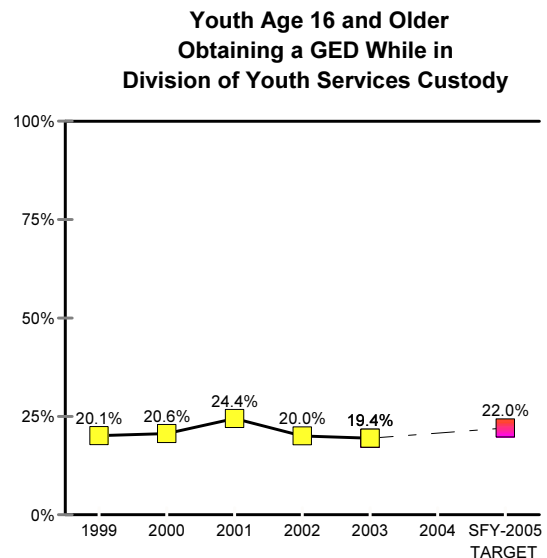
A new GED test series was introduced on January 1, 2002. Changes in the GED reflect shifts in assessment methods, high school curriculum and the economy. The current version places increased value on being able to apply and evaluate information rather than just simply recalling it.

Trend Analysis:

- The trend analysis shows with the exception of 2001 this measure has been relatively unchanged.

Factors Influencing the Measure:

- New GED series introduced in January 2002
- Youth successfully engaged in school may be discharged prior to graduating or completing GED
- Length of stay in aftercare programming
- Non-reported completions



How the Division of Youth Services Compares to Missouri:

- Comparable data for receiving GED or a high school diploma while in the Division of Youth Services custody is not available for surrounding states.
- In Missouri the number of persons taking the GED declined from 14,131 in SFY-2001 to 9,454 in SFY-2003 (33% decline).
- In Missouri the number of persons passing the GED declined 32% from 10,601 in SFY-2001 to 7,186 in SFY-2003.

Strategies:

- Managers of day treatment programs will increase the number of youth in day treatment programs who prepare for GED studies to approximately 50% of those age eligible.
- The division's education supervisor and the regional education supervisors will develop a "profile" of potential GED candidates and track progress of those youth toward GED completion. It will be the annual goal that 80% of those youth who fit the profile will successfully pass the GED test.

Key Focus Area: Promote Self-Sufficient Individuals and Families

Goal: Move individuals to independence through education and career development.

Measure: Increase the percentage of individuals who exit the Vocational Rehabilitation Program after receiving services who are determined to have achieved an employment outcome from 72.5% in SFY-2002 to 73% in SFY-2005.

Why is this measure important?

- Increasing the employment outcomes for the blind/visually impaired increases self sufficiency for these individuals.

Trend Analysis:

- Employment outcomes have increased from 70.7% to 72.5%. States are striving to be above the federal benchmark of 68.9%. Missouri is above the federal benchmark.

Factors Influencing the Measure:

- Unemployment rate
- Number of counselors
- Training resources

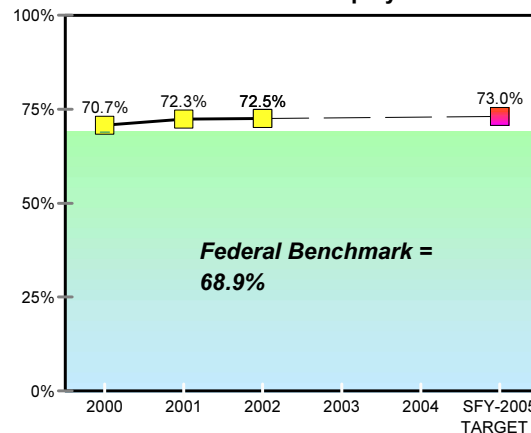
How Missouri Compares to Surrounding States:

- Among surrounding states in 2001, Missouri was second lowest when comparing blind/visually impaired individuals exiting the Vocational Rehabilitation program after receiving services and being determined to have achieved employment.

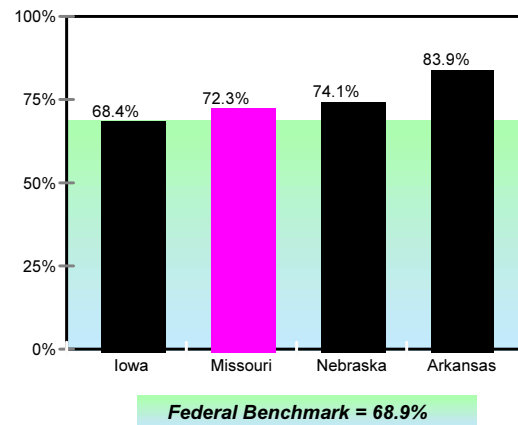
Strategies:

- Develop an agency economic stimulus or development committee.
- Develop guidelines and best practices for development of localized economic stimulus or development packages.
- Develop economic development partnerships with local business and other local economic development stakeholders such as local chambers in four of seven district offices.
- Increase self employment as a viable vocational goal for blind and visually impaired in rural communities.
- Increase the use of community-based work activities such as on-the job training, short term community employment or subsidized work experience as job training, job development and placement strategies.

Blind/Visually Impaired Individuals Who Exit the Vocational Rehabilitation Program After Receiving Services and Are Determined to Have Achieved Employment



Blind/Visually Impaired Individuals Who Exit the Vocational Rehabilitation Program After Receiving Services and Are Determined to Have Achieved Employment - 2001



- Continue to collaborate with the Workforce Development Centers and other partners to identify jobs.
- Continue to market Rehabilitation Services for the Blind (RSB) services to employers and provide them with information related to blindness and adaptive equipment.
- Continue to participate in employer related job fairs, conferences, business advisory groups, etc.
- Continue to work with other resources to ensure that RSB consumers have the same opportunities provided to them as other unemployed Missourians.
- Continue to work with One-Stop staff in providing training on providing services to blind and visually impaired Missourians.
- Increased information to consumers regarding employment choices and adaptive equipment.
- Continue to assist the consumer in identifying employment choices through goal/objective research.
- Continue to provide job club opportunities within RSB.
- Continue to encourage consumers to attend technology fairs, demos, conferences, etc., as they become available.
- Provide staff training in vocational goal development.
- Provide staff training in understanding the world of work.
- Provide staff training in networking with businesses and industry.
- Provide training to RSB business associates involved in job development and job placement, i.e., our supported employment and STCES vendors.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Establishment and enforcement of medical support.

Measure: Increase the percentage of child support cases that include medical support orders from 60.6% in SFY-2003 to 65% in SFY-2005.

Why is this measure important?

- When child support orders include a provision for medical support (monetary, health insurance or both), the family may be more likely to obtain health care outside of public assistance programs.

Trend Analysis:

- Medical support orders were included on 12.6% more cases in 2003 than in 1999. In 2001 Missouri was 19.3% better than the national average. (2001 was the latest year national data was available.)

Factors Influencing the Measure:

- Family Support Division-Child Support Enforcement will continue to include health insurance coverage in all support orders it establishes administratively. Many circuit judges do not address medical support in orders they establish judicially. Stressing the importance of medical support to the judicial system is important to increase the number of orders with medical support.

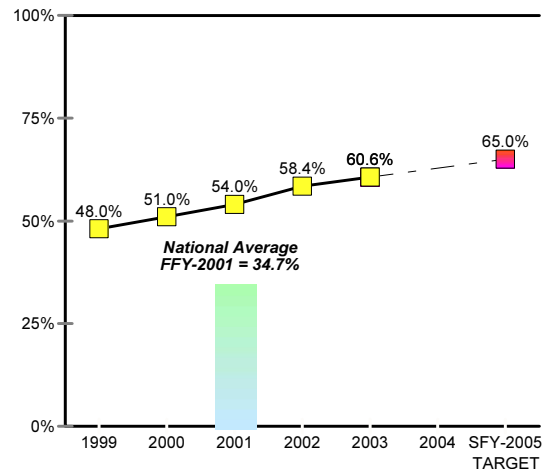
How Missouri Compares to Surrounding States:

- In FFY-2001 Missouri had the second highest rate of cases with medical support orders when compared to surrounding states.

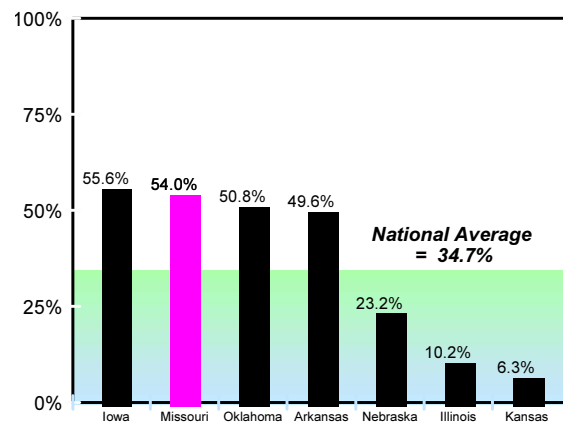
Strategies:

- Continue to order health insurance coverage on all administratively established and modified orders.
- Reiterate to circuit judges in Missouri the importance of including health insurance and medical support obligations in the orders they issue. More children with insurance provided by their parents means less state-funded medical benefits paid out. Obtain the judges' commitment to this concept.

Child Support Cases That Include Medical Support Orders



Child Support Cases That Include Medical Support Orders FFY-2001*



*This is the most recent national data available.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Establishment and enforcement of medical support.

Measure: Increase the percentage of child support cases where health insurance is provided as ordered from 19.4% in SFY-2003 to 26% in SFY-2005.

Why is this measure important?

- When health insurance is provided, families are more likely to seek medical attention, not only when needed, but also as a preventive measure. With more children covered under private health insurance, there may be less expenditure of public money for medical assistance programs.

Trend Analysis:

- When comparing 1999 to 2003, there are 16.4% more child support cases where health insurance is provided as ordered. Still, less than one in five cases child support cases where health insurance is ordered actually have health insurance provided. In 2001 Missouri was 5.9% below the national average. (2001 was the latest year national data was available.)

Factors Influencing the Measure:

- The National Medical Support Notice (NMSN) must be used to its maximum potential for enforcing health coverage. Outside the control of Family Support Division-Child Support Enforcement is the number of employers offering affordable and useful health care for their employees

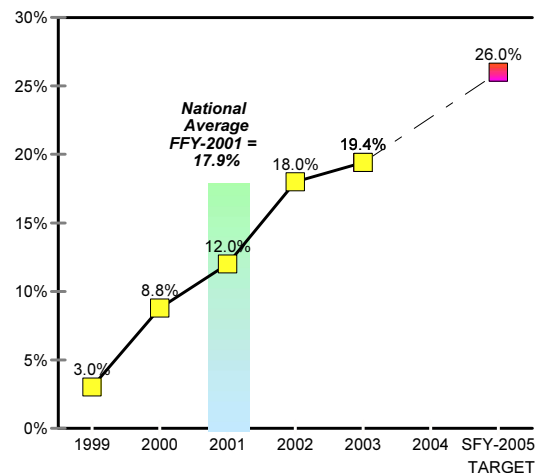
How Missouri Compares to Surrounding States:

- In FFY-2001 Missouri ranked in the middle of the surrounding states when comparing the percentage of cases where health insurance was provided as ordered.

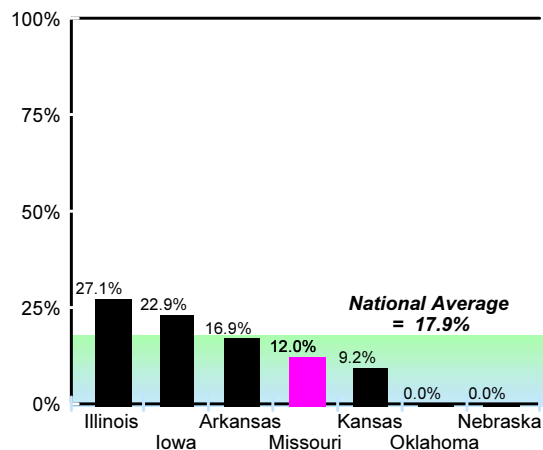
Strategies:

- Issue the National Medical Support Notice (NMSN) regardless of whether the noncustodial parent has access to health insurance for the child. This increases the volume of NMSNs sent, increasing the likelihood of health insurance orders being enforced.
- Revise policy and procedure to adopt the new federal regulation that requires enforcement of health insurance whether or not the custodial parent wants enforcement of health insurance.

**Child Support Cases
Where Health Insurance is Provided as Ordered**



**Child Support Cases
Where Health Insurance is Provided as Ordered
FFY-2001***



*This is the most recent national data available.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Missourians receive health care in the least restrictive setting.

Measure: Decrease nursing home utilization by Medicaid eligible seniors and persons with disabilities from 14.4% in SFY-2003 to 14.3% in SFY-2005.

Why is this measure important?

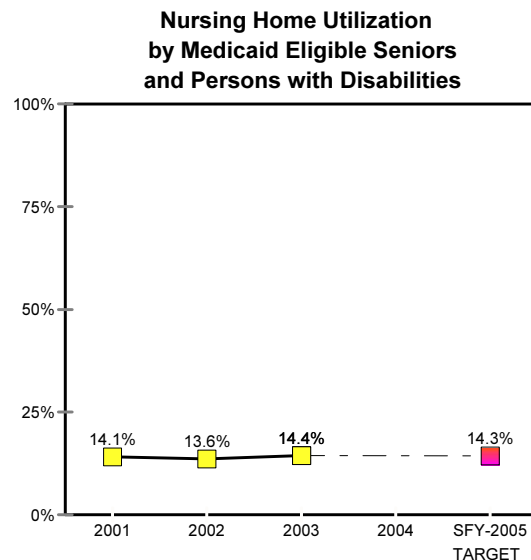
- On June 22, 1999, the Supreme Court decided the case of *Olmstead versus L.C.* (119 S.Ct. 2176, 144 L.ED 2d 540). The decision clarified that states are required to provide services and treatment in the least restrictive setting appropriate to their needs for people with disabilities when the state's treatment professionals determine that such placement is appropriate, affected persons do not oppose such treatment and placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities.

On April 18, 2000, Governor Carnahan signed an Executive Order 00-09 to establish the Home and Community-Based Services and Consumer-Directed Care Commission. The objective of the commission was to develop a "comprehensive, effectively, working plan" as recommended by the U.S. Supreme Court.

On April 10, 2001, Governor Holden issued Executive Order 01-08 establishing the Personal Independence Commission to implement the recommendations of the original commission and advance Missouri's compliance with the US Supreme Court decision.

Trend Analysis:

- Nursing home utilization by Medicaid eligible seniors and persons with disabilities has fluctuated between 13.6% and 14.4% from SFY-2001 to SFY-2003.

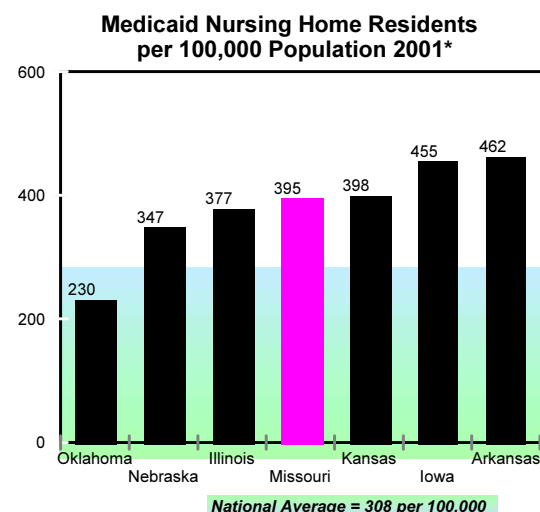


Factors Influencing the Measure:

- Availability of Medicaid enrolled providers with open panels who are accepting additional Medicaid patients
- The percentage of recipients who are fragile elderly, or have specific severe chronic conditions or diagnoses of congestive heart failure (CHF), pneumonia, diabetes or angina
- The percentage of recipients who have functional limitations indicated by a need for assistance with two or more of the six basic activities of daily life

How Missouri Compares to Surrounding States:

- Among surrounding states Missouri ranks in the middle for Medicaid nursing home recipients per 100,000 population. Missouri was 28% higher than the national average.



Source: Nursing Facilities, Staffing, Residents, and Facility Deficiencies
*This is latest year national data was available.

Strategies:

- Work with the Department of Health and Senior Services (DHSS) and Personal Independence Commission (PIC) to develop outreach materials and training on providing informed choice about long term care options.
- Make training available to hospital discharge planners regarding community options by incorporating it in the Informed Choice Training program.
- Plan a process that would allow an individual who is discharged from the hospital to a nursing home (for recovery) to maintain existing community supports to ensure best possible chance of returning to the community.
- Work to make program modifications that allow an array of options which support consumer choice in community based service delivery.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Missourians receive health care in the least restrictive setting.

Measure: The percentage of uninsured Missourians remains below 12%.

Why is this measure important?

- Missouri's 1115 Waiver, known as Managed Care Plus (MC+), expanded Medicaid eligibility in September 1, 1998. A few of the goals of MC+ are to reduce the number of people without health insurance coverage, improve the health of medically uninsured people and increase the number of children, youth and families who have medical insurance coverage.

Some reasons why insurance matters:

- The uninsured are less likely to have a usual source of care outside the emergency room.
- The uninsured often go without screenings and preventive care.
- The uninsured often delay or forgo needed medical care.
- The uninsured are often subject to avoidable hospital stays.
- The uninsured are sicker and die earlier than those with insurance.
- Medical care is more costly for the uninsured than for the insured.

Trend Analysis:

- Based upon three-year averages, Missouri has been under the 12% threshold since the 1997-1999 period.

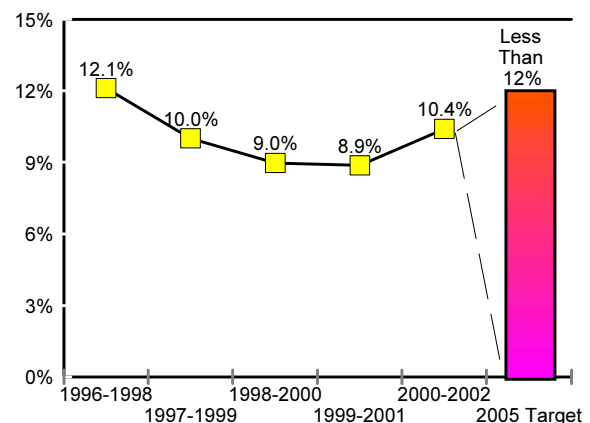
Factors Influencing the Measure:

- Continued funding for Missouri's 1115 Waiver
- The unemployment rate
- The rate of usage of continuation of coverage under Title I of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- The number of Missouri employers offering affordable medical coverage to their employees

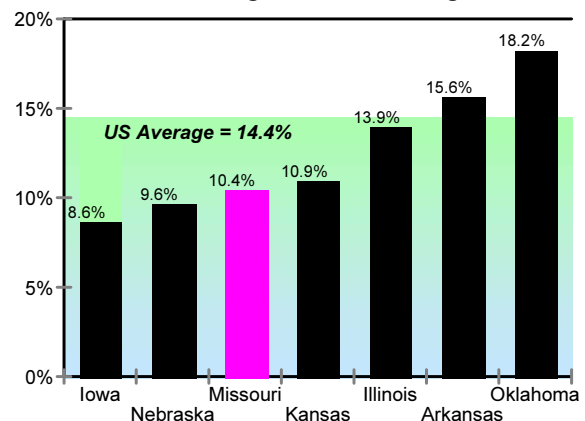
How Missouri Compares to Surrounding States:

- Missouri ranks 13th lowest in the country in terms of percentage of the population that is uninsured. Among surrounding states for the most current available three-year period, 2000-2002, Missouri has the third lowest percentage of citizens uninsured at 10.4%. This is 4.0% less than the national average during the same time period.

Percent of Missourians Without Health Insurance, Three Year Averages



Percent of Persons Without Health Insurance in Surrounding States Using 2000-2002 Average



Strategies:

- Participate in the Statewide Coalition, consisting of leaders from Missouri Hospital Association and the Family and Community Trust, to provide outreach and enrollment.
- Purchase cost effective health insurance policies for Medicaid recipients through the Health Insurance Premium Payment Program.
- Continue to work with community groups, local medical providers, health care associations, schools, etc., regarding access to Medicaid coverage.
- Continue to work with MC+ managed care health plans to provide outreach and education to communities regarding access to MC+ coverage.
- Increase the income guideline for Medical Assistance to 100% of the federal poverty level (FPL) from 90% FPL for elderly, disabled and blind as required by state statute.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better coordination of access to care for chronically ill Medicaid/MC+ recipients.

Measure: Increase the number of Medicaid providers trained in treating chronic conditions (disease management) from 328 in SFY-2003 to 900 in SFY-2005.

Why is this measure important?

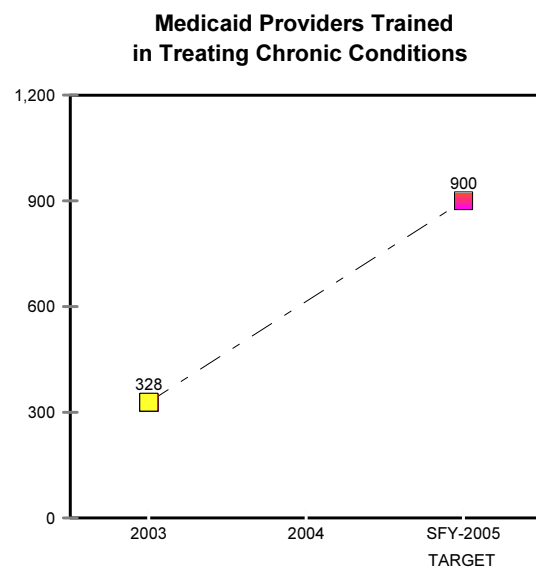
- The cost of health care continues to increase dramatically due to industry increases in the health care cost per individual, utilization of health care services and the number of individuals accessing these services. Proper management through a disease management program provides the state with accountability, cost sharing and quality health care.

Trend Analysis:

- This is a new program so data prior to SFY-2003 is not available.

Factors Influencing the Measure:

- Backlog in enrollment of providers
- Physicians electing not to enroll as Medicaid providers
- Lack of understanding of disease state management tenets by providers
- Additional paperwork and additional requirements on office staff



How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

Strategies:

- Identify providers currently serving the targeted population to invite them to participate in disease management.
- Make personal visits with providers to explain the program and assist with enrollment paperwork.
- Focus on clinical benefits of their participation as well as showing providers the financial incentives.
- Reinforce clinical areas for improvement and provide clinical education where appropriate.
- Dedicated help desk for provider support.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better coordination of access to care for chronically ill Medicaid/MC+ recipients.

Measure: Increase the overall number of Medicaid/MC+ recipients in a disease management program from 375 in SFY-2003 to 2,500 in SFY-2005.

Why is this measure important?

- The cost of health care continues to increase dramatically due to an industry increase in the health care cost per individual, utilization of health care services and the number of individuals accessing these services. Proper management through a disease management program provides the state with accountability, cost savings and quality health care.

Trend Analysis:

- Prior to 2003 a disease management plan was not in operation.

Factors Influencing the Measure:

- Program is voluntary, so a low response rate from recipients
- Primary care provider is not an enrolled provider
- Education of recipients on the value of the program

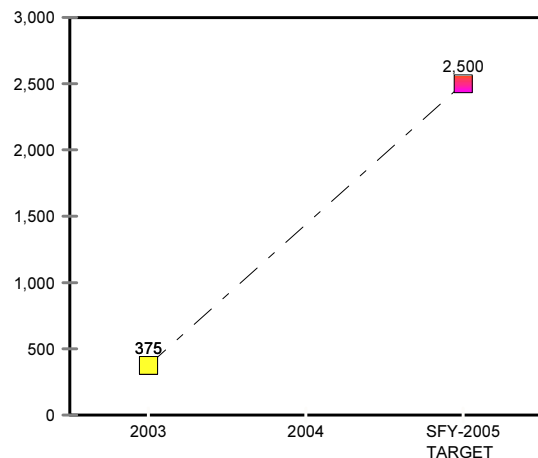
How Missouri Compares to Surrounding States:

- Comparable data from other states is not available.

Strategies:

- Continue statewide identification of recipients with targeted disease states.
- Continue outreach efforts through recipient mailings and direct promotion by their current practitioners.
- Dedicated help desk for recipient support.

Medicaid/MC+ Recipients in a Disease Management Program



Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better care management for Medicaid/MC+ recipients.

Measure: Decrease hospitalization rate for Medicaid eligible seniors and persons with disabilities from 3.8% in SFY-2003 to 3.7% in SFY-2005.

Why is this measure important?

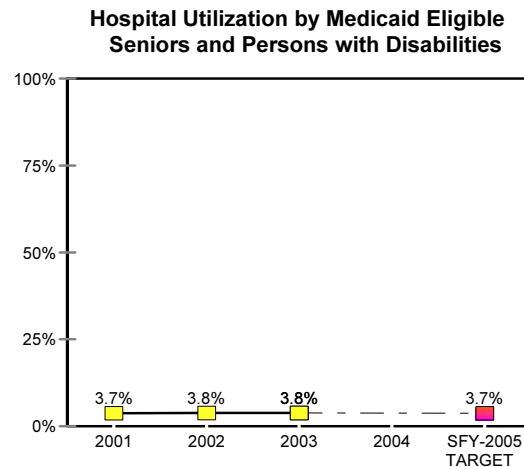
- The Medicaid elderly and persons with disabilities populations make up approximately 60% of fee-for-service hospital expenditures. Spending for hospital services is expected to increase as the population ages and the persons with disabilities population increases each year.

Trend Analysis:

- Over the last three years the trend has been relatively flat.

Factors Influencing the Measure:

- Availability of Medicaid enrolled providers with open panels who are accepting additional Medicaid patients
- Increase in the percentage of recipients who are fragile elderly, have specific severe chronic conditions or diagnoses of congestive heart failure (CHF), pneumonia, diabetes or angina
- Increase in the percentage of recipients whose functional limitations indicated by a need for assistance with two or more of the six basic activities of daily life



How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

Strategies:

- Identify, develop and analyze processes with stakeholders for the Medicaid seniors and disabled population to determine, measure and monitor recipient population health status.
- Identify, assess and monitor the impact of barriers to care resulting in increased hospitalizations by analyzing feedback from recipients and providers.
- Identify utilization baseline and population cohorts of high volume users and providers.
- Develop and utilize measures to analyze health outcomes.
- Implement time line for removal or amelioration of barriers to improved health status.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better care management for Medicaid/MC+ recipients.

Measure: Better management of counseling services through reviewing and approving appropriate counseling units. The approved units of service are expected to change from 2.4 million in SFY-2003 to 2.2 million in SFY-2005.

Why is this measure important?

- Better management of counseling is needed to ensure the appropriate utilization of these services.

Trend Analysis:

- Historical data is not available so a trend analysis is not provided.

Factors Influencing the Measure:

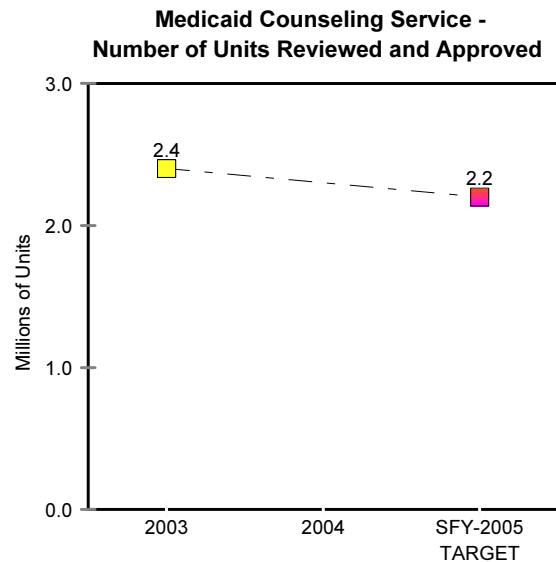
- Increase in the number of recipients who have mental health/substance abuse diagnoses
- Decrease in the number of respite care services
- Increase in the number of acute psychiatric/substance abuse admissions

How Missouri Compares to Surrounding States:

- Comparable data from surrounding states is not available.

Strategies:

- Develop a process by which services are rendered based on the diagnosis or assessment and approved for a specific amount and duration of services.



Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better care management for Medicaid/MC+ recipients.

Measure: Hold the increase in pharmacy cost per eligible to the lesser of 10% growth, or 3% below the national average growth.

Why is this measure important?

- Increases in pharmacy costs continue to grow at a higher rate than other medical costs.

Trend Analysis:

- Pharmacy percentage increase doubled between SFY-2001 and SFY-2002 and then fell to SFY-2001 level.

Factors Influencing the Measure:

- Ability to implement a preferred drug list and continue existing cost containment strategies

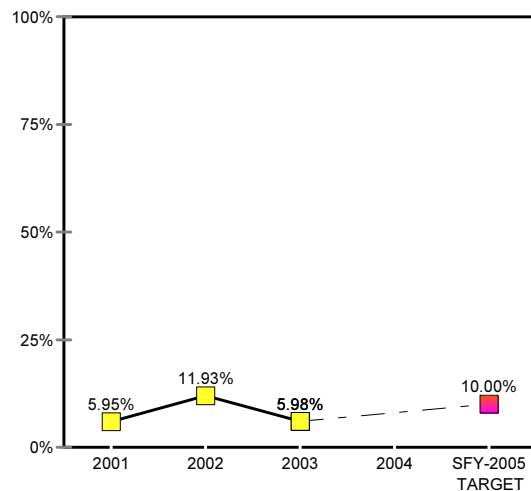
How Missouri Compares to the Nation:

- Missouri's annual increase in pharmacy cost continues to be below the national average.

Strategies:

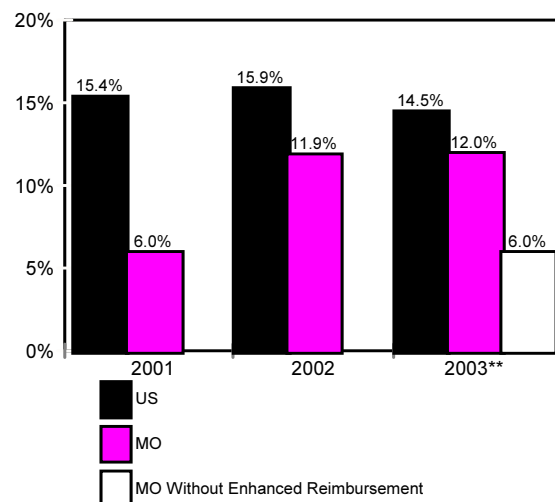
- Continue review update and implementation of new maximum allowable costs for drug products.
- Continue implementation of clinical edits, prior authorization and step therapy.
- Initiate a preferred drug list with accompanying supplemental rebates.

**Percentage Increase in Pharmacy Expenditures
(Average Per Eligible Per Month)***



*Based on 2003 3% below the national average would be 11.5%. 10% greater was used as the target because it is less than the national average less 3%.

Annual Percentage Increase in Pharmacy Costs



**In SFY-2003 pharmacy payments were increased using pharmacy tax as the source of funding.

Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better care management for Medicaid/MC+ recipients.

Measure: Decrease the Medicaid claim denial rate in SFY-2003 from 19.75% to 17.5% in SFY-2005.

Why is this measure important?

- For most providers, Medicaid reimbursement is low. It is important that providers receive reimbursement the first time claims are submitted. To resubmit claims over and over can be costly for providers. If providers receive payment in a timely manner, they can focus on patient care and often are more willing to accept new Medicaid patients.

Trend Analysis:

- Historical data for SFY-2001 through SFY-2003 shows little change in the direction of the measure. In SFY-2004 (first 6 months) the percentage has increased by 2.5%.

Factors Influencing the Measure:

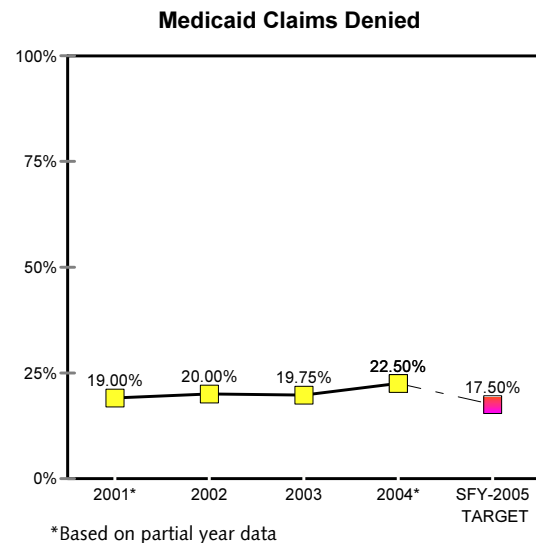
- Implementation of Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Paper bulletins no longer mailed
- Lack of provider education staff
- Limitation of provider seminars held statewide
- Internet capability in provider offices

How Missouri Compares to Surrounding States:

- Comparable data for surrounding states is not available.

Strategies:

- Evaluate edits causing the largest denials.
- Post on the Internet the most common billing errors and how to avoid them.
- Conduct provider education seminars.
- Assure provider manuals are updated timely.
- Encourage electronic billing.



Key Focus Area: Strengthen Health Care Coverage and Access

Goal: Better care management for Medicaid/MC+ recipients.

Measure: Reduce the backlog of Medicaid provider enrollment applications from the current level of 110 days to 70 days in SFY-2005.

Why is this measure important?

- Become a better business partner with Medicaid providers by streamlining the enrollment process for efficient and increased business satisfaction.

Trend Analysis:

- Historical data is not available so a trend analysis is not provided.

Factors Influencing the Measure:

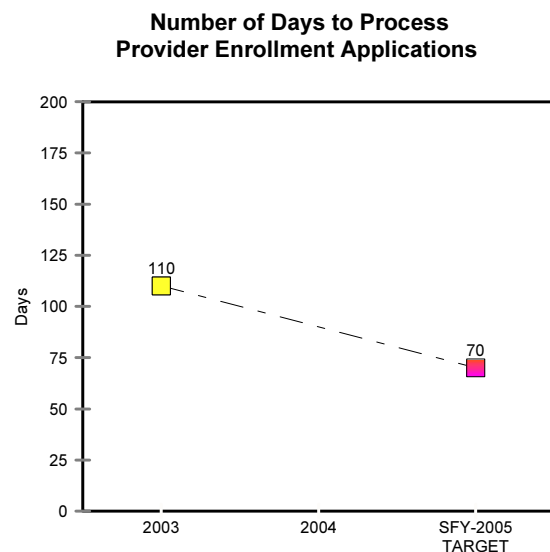
- Increase in the number of submitted inaccurate or incomplete applications
- Decrease in staffing levels

How Missouri Compares to Surrounding States:

- Comparable data for surrounding states is not available.

Strategies:

- Eliminate manual processing of provider forms by implementing automated processes.
- Maintain maximum unit staffing.



Key Focus Area: Respect and Excellence in Public Service

Goal: Restructure how and where decisions are made in the department.

Operational Strategy: Recognizing decisions about our customers needs are best made at the local level, implement balanced decision making in SFY-2005.

Why is this operational strategy important?

- The department is a highly-structured, hierarchical organization. As such, most decisions are made in Jefferson City. We believe our staff in the field are better positioned to directly and quickly provide decisions about clients, programs and administration. To this end:
 - We have reorganized our divisional structure. Child welfare (which was part of the Division of Family Services) issues have been heightened through creation of the Children's Division. The Income Maintenance portion of the old Division of Family Services has been merged with the Division of Child Support Enforcement to create the Family Support Division.
 - We have reorganized our regional structure into six regions which are uniform across all divisions.
 - The new regions have been established based on judicial circuits in the state. This provides better coordination with the courts.
- The other goals and operational strategies under Respect and Excellence in Public Service are all designed to support empowering our regional/circuit/county level staff to be better decision makers.

Key Focus Area: Respect and Excellence in Public Service

Goal: Work toward administrative efficiency throughout the department.

Operational Strategy: Implement the recommendations of the Administrative Task Force for Payment Processing in SFY-2005.

Why is this operational strategy important?

- Department of Social Services (DSS) processes about 170,000 administrative payments annually. Administrative core reductions will require re-engineering this process. Anticipated modifications include pushing out SAM-II processing to field offices, decentralized payment coding, limiting pre-audit reviews and establishing post-audit function. DSS will no longer maintain a central paid documents file.

Key Focus Area: Respect and Excellence in Public Service

Goal: Work toward administrative efficiency throughout the department.

Operational Strategy: Implement the recommendations of the Administrative Task Force for Personal Computer Support in SFY-2005.

Why is this operational strategy important?

- Historically, each Department of Social Services (DSS) program division has been responsible for personal computer (PC) support for its employees. DSS will change how it supports PC functions by coordinating the response of field technicians to user needs across divisions. This allows resources to be directed to the area of greatest priority. Computer installation will be shifted to local staff and field technicians.

Key Focus Area: Respect and Excellence in Public Service

Goal: Work toward administrative efficiency throughout the department.

Operational Strategy: Implement the recommendations of the Administrative Task Force for Human Resources and Personnel Processing in SFY-2005.

Why is this operational strategy important?

- Personnel and timekeeping functions have been reviewed and will be modified. Significant changes include:
 - Standardizing personnel transaction processing
 - Staffing ratios across divisions
 - Fully centralizing workers compensation and timekeeping responsibilities
 - Transferring management development staff from the Family Support Division to the Human Resources Center (HRC) to promote the delivery of supervisor and management training department wide
 - Support divisions and Division of Medical Services human resources support will be consolidated under HRC

Key Focus Area: Respect and Excellence in Public Service

Goal: Work toward administrative efficiency throughout the department.

Operational Strategy: Implement the recommendations of the Administrative Task Force for Mainframe Support in SFY-2005.

Why is this operational strategy important?

- The Department of Social Services (DSS) Information Systems and Technology Division (ISTD) is responsible for supporting the development of and maintaining mainframe automated systems used in the day-to-day business of Family Support and Children's Division workers. Also, this division maintains central e-mail and network functions for all DSS users in more than 200 offices across the state. ISTD spending was reviewed and prioritized to ensure State Data Center charges, hardware and software license charges and network maintenance charges could be met and resources allocated to development and maintenance of FAMIS, MACSS and FACES in accordance with needs and priorities of these projects.

Key Focus Area: Respect and Excellence in Public Service

Goal: Work toward administrative efficiency throughout the department.

Operational Strategy: Implement the recommendations of the Administrative Task Force for General Services Functions in SFY-2005.

Why is this operational strategy important?

- The Division of General Services (DGS) was cut substantially in SFY-2004 and can no longer provide all of the support services to Department of Social Services (DSS) divisions it once did. Representatives of the Family Support Division, Children's Division, Medical Services, Information Systems and Technology and the Division of Youth Services reviewed and prioritized all DGS services. Based on the team's review, large office moves will be contracted out and paid for from program division operating budgets. Property management responsibilities will be shifted to the Family Support Division. Fleet management duties will be shifted to the Division of Youth Services.

Key Focus Area: Respect and Excellence in Public Service

Goal: Heighten the importance of child welfare and family support.

Operational Strategy: Create the Children's Division focusing on child welfare and child care by SFY-2005.

Why is this operational strategy important?

- In December 2002 Governor Holden announced the reorganization of the Department of Social Services to increase the focus on child protection and to streamline functions dealing with child welfare into a new Children's Division. The Governor said, "These changes in the Department of Social Services are necessary if we are to provide appropriate services and protection in the foster care system to insure the safety of some of Missouri's most vulnerable citizens – our children in foster care. A streamlined focus on children's services provides a new level of attention and oversight needed in an agency this size." The department is moving forward on actions directed by the Governor:
 - Utilize kinship care when a child's safety is assured as the preferred placement for children.
 - Expedite processing for children through more inclusive Family Support Team meetings.
 - Establish hotline protocols to identify high-risk children.
 - Enhance background checks for foster parents and emergency placements.
 - Improve coordination with the Department of Mental Health to increase access to mental health services for children.
- You will find program goals and measures related to children's services and child care on page three of this document.

Key Focus Area: Respect and Excellence in Public Service

Goal: Heighten the importance of child welfare and family support.

Operational Strategy: Create the Family Support Division focusing on Income Maintenance and Child Support by SFY-2005.

Why is this operational strategy important?

- In December 2002 Governor Holden announced the reorganization of the Department of Social Services to increase the focus on child protection by creating a Children's Division. This change also provided an opportunity to reorganize those programs that help people become self sufficient. Through the combining of programs in Income Maintenance and Child Support, the Family Support Division is better positioned to provide assistance to needy Missourians.

Key Focus Area: Respect and Excellence in Public Service

Goal: Promote automation throughout the department to enhance administration and programs.

Operational Strategy: Integrate Temporary Assistance and Medicaid into the FAMIS system for faster eligibility determination.

Why is this operational strategy important?

- Integrating Temporary Assistance and Medicaid into the FAMIS system provides for more accurate eligibility determinations by utilizing one point of entry of data for all systems. It also will improve productivity by reducing the number of steps staff must perform thus providing faster service to clients. Temporary Assistance will be piloted in the first quarter of SFY-2005, with statewide rollout to be completed in the second quarter of SFY-2005. The Medicaid analysis of business requirements will be completed in the third quarter of SFY-2005, with coding and unit testing to be completed in the fourth quarter of SFY-2005.

Key Focus Area: Respect and Excellence in Public Service

Goal: Promote automation throughout the department to enhance administration and programs.

Operational Strategy: Improve access to shared resources through combining all of Social Services into one user group.

Why is this operational strategy important?

- Through full implementation of Microsoft Active Directory, we will be combining all Social Services employees into one single directory. This will enable all employees to share electronic calendars, increasing efficient use of shared resources and reducing complexity and cost.

Key Focus Area: Respect and Excellence in Public Service

Goal: Promote automation throughout the department to enhance administration and programs.

Operational Strategy: Expedite access to systems for new staff through automation of the security access process.

Why is this operational strategy important?

- We are creating an online authorization process for Department of Social Services staff to access computer systems. This will shorten processing time from 12 days to 6 days for 90% of the requests. The automation of the security access request system will also eliminate the storage of 80,000 forms by the end of SFY-2005.

Key Focus Area:	Respect and Excellence in Public Service
Goal:	Promote automation throughout the department to enhance administration and programs.
Operational Strategy:	Automate the child welfare information system, providing tools for staff to efficiently and comprehensively administer cases.

Why is this operational strategy important?

- We will be automating the Child Welfare Management Information System. This will provide tools for staff to efficiently and comprehensively administer cases. The automation will improve productivity by consolidating information and processes which in turn will provide faster service to the clients. Intake management and eligibility will be implemented statewide by the third quarter of SFY-2005. Case management analysis of business requirements will be completed in the fourth quarter of SFY-2005.